

**TOWN OF DEDHAM**  
**26 & 52 PAYS HEALTH INSURANCE RATES**  
**JULY 1, 2025 - JUNE 30, 2026**

<b>BENCHMARK PLANS</b>			<b>90/10</b>			<b>85/15</b>			<b>80/20</b>			<b>75/25</b>					
			Town @ 90% Pays Monthly	Employee @ 10% Pays		Town @ 85% Pays Monthly	Employee @ 15% Pays		Town @ 80% Pays Monthly	Employee @ 20% Pays			Town @ 75% Pays Monthly	Employee @ 25% Pays			
				Monthly	BiWeekly		Monthly	Monthly		BiWeekly	Monthly	BiWeekly		Weekly	Monthly	BiWeekly	Weekly
				Monthly Premium	Monthly		BiWeekly	Monthly		Monthly	BiWeekly	Monthly		Monthly	BiWeekly	Weekly	Monthly
Harvard Pilgrim	Individual	1,422.00	1,279.80	142.20	N/A	1,208.70	213.30	106.65	1,137.60	284.40	142.20	71.10	1,066.50	355.50	177.75	88.88	
HMO	Family	3,707.00	3,336.30	370.70	N/A	3,150.95	556.05	278.03	2,965.60	741.40	370.70	185.35	2,780.25	926.75	463.38	231.69	
BC/BS Network Blue NE	Individual	1,095.00	985.50	109.50	N/A	930.75	164.25	82.13	876.00	219.00	109.50	54.75	821.25	273.75	136.88	68.44	
HMO	Family	2,949.00	2,654.10	294.90	N/A	2,506.65	442.35	221.18	2,359.20	589.80	294.90	147.45	2,211.75	737.25	368.63	184.31	
BC/BS Network Blue <u>Select</u> *	Individual	1,020.00	918.00	102.00	N/A	867.00	153.00	76.50	816.00	204.00	102.00	51.00	765.00	255.00	127.50	63.75	
HMO	Family	2,744.00	2,469.60	274.40	N/A	2,332.40	411.60	205.80	2,195.20	548.80	274.40	137.20	2,058.00	686.00	343.00	171.50	

\* Provider and Hospital Networks are Limited

<b>HIGH DEDUCTIBLE PLANS</b> <b>HSA Qualified</b>			<b>90/10</b>			<b>85/15</b>			<b>80/20</b>			<b>75/25</b>					
			Town @ 90% Pays Monthly	Employee @ 10% Pays		Town @ 85% Pays Monthly	Employee @ 15% Pays		Town @ 80% Pays Monthly	Employee @ 20% Pays			Town @ 75% Pays Monthly	Employee @ 25% Pays			
				Monthly	BiWeekly		Monthly	Monthly		BiWeekly	Monthly	BiWeekly		Weekly	Monthly	BiWeekly	Weekly
				Monthly Premium	Monthly		BiWeekly	Monthly		Monthly	BiWeekly	Monthly		Monthly	BiWeekly	Weekly	Monthly
Harvard Pilgrim	Individual	1,134.00	1,020.60	113.40	N/A	963.90	170.10	85.05	907.20	226.80	113.40	56.70	850.50	283.50	141.75	70.88	
HMO	Family	2,960.00	2,664.00	296.00	N/A	2,516.00	444.00	222.00	2,368.00	592.00	296.00	148.00	2,220.00	740.00	370.00	185.00	
BC/BS Access Blue NE <u>Saver</u>	Individual	923.00	830.70	92.30	N/A	784.55	138.45	69.23	738.40	184.60	92.30	46.15	692.25	230.75	115.38	57.69	
HMO	Family	2,487.00	2,238.30	248.70	N/A	2,113.95	373.05	186.53	1,989.60	497.40	248.70	124.35	1,865.25	621.75	310.88	155.44	
BC/BS Network Blue <u>Select</u> *	Individual	860.00	774.00	86.00	N/A	731.00	129.00	64.50	688.00	172.00	86.00	43.00	645.00	215.00	107.50	53.75	
HMO	Family	2,319.00	2,087.10	231.90	N/A	1,971.15	347.85	173.93	1,855.20	463.80	231.90	115.95	1,739.25	579.75	289.88	144.94	

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<b>PPO INDEMNITY PLANS</b>			<b>50/50</b>		
			Town @ 50% Pays Monthly	Employee @ 50% Pays	
				Monthly	BiWeekly
Harvard Pilgrim	Individual	3,531.00	1,765.50	1,765.50	882.75
PPO	Family	7,841.00	3,920.50	3,920.50	1,960.25