Town of East Bridgewater
Insurance Rates - Employee and NON-MEDICARE Retiree/Survivor
Effective July 1, 2024

Health Product	Product Type	Coverage Type	Full Cost Premium	Employee Share	Employee Monthly Share	Payroll Deductions: TOWN Employee Weekly Share (48 Pays)	Payroll Deductions: School Employee Bi-weekly Share (24 Pays)	Payroll Deductions: School Employee School Year Share (21 Pays)
Harvard Pilgrim Access America	PPO	Individual	$ 1,259.39	50%	$ 629.70	$ 157.42	$ 314.85	$ 359.83
Harvard Pilgrim Access America	PPO	Family	$ 2,809.26	50%	$ 1,404.63	$ 351.16	$ 702.32	$ 802.65
Harvard Pilgrim Explorer	POS	Individual	$ 1,067.87	40%	$ 427.15	$ 106.79	$ 213.57	$ 244.08
Harvard Pilgrim Explorer	POS	Family	$ 2,645.90	40%	$ 1,058.36	$ 264.59	$ 529.18	$ 604.78
Harvard Pilgrim Quality	HMO	Individual	$ 788.04	30%	$ 236.41	$ 59.10	$ 118.21	$ 135.09
Harvard Pilgrim Quality	HMO	Family	$ 2,005.81	30%	$ 601.74	$ 150.44	$ 300.87	$ 343.85
Mass General Brigham Health Plan Complete	HMO	Individual	$ 977.66	30%	$ 293.30	$ 73.32	$ 146.65	$ 167.60
Mass General Brigham Health Plan Complete	HMO	Family	$ 2,585.42	30%	$ 775.63	$ 193.91	$ 387.81	$ 443.21
Wellpoint Total Choice	Indemnity	Individual	$ 1,501.35	50%	$ 750.68	$ 187.67	$ 375.34	$ 428.96
Wellpoint Total Choice	Indemnity	Family	$ 3,331.72	50%	$ 1,665.86	$ 416.47	$ 832.93	$ 951.92
Wellpoint State Indemnity Plan/Community Choice	PPO-Type	Individual	$ 744.97	40%	$ 297.99	$ 74.50	$ 148.99	$ 170.28
Wellpoint State Indemnity Plan/Community Choice	PPO-Type	Family	$ 1,849.09	40%	$ 739.64	$ 184.91	$ 369.82	$ 422.65
Wellpoint State Indemnity Plan/PLUS	PPO-Type	Individual	$ 958.62	40%	$ 383.45	$ 95.86	$ 191.72	$ 219.11
Wellpoint State Indemnity Plan/PLUS	PPO-Type	Family	$ 2,284.05	40%	$ 913.62	$ 228.41	$ 456.81	$ 522.07
Altus Dental	Dental	Individual	$ 45.24	50%	$ 22.62	$ 5.66	$ 11.31	$ 12.93
Altus Dental	Dental	Family	$ 117.96	50%	$ 58.98	$ 14.75	$ 29.49	$ 33.70
Boston Mutual	Life		$ 5.95	50%	$ 2.98	$ 0.74	$ 1.49	$ 1.70

***All rate questions should be directed to the Treasurer's Office - Call (508) 378-1604 ***

Town of East Bridgewater
Altus Vision 150+
Effective July 1, 2024

Vision	Employee Monthly Share	TOWN Employee Weekly Share (48 Pays)	School Employee Bi-weekly Share (24 Pays)	School Employee School Year Share (21 Pays)
Employee Only	$ 6.50	$ 1.63	$ 3.25	$ 3.71
Employee & Spouse	$ 13.00	$ 3.25	$ 6.50	$ 7.43
Employee & Child(ren)	$ 13.65	$ 3.41	$ 6.83	$ 7.80
Family	$ 18.85	$ 4.71	$ 9.43	$ 10.77

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