

2020 Health Insurance Rates

Harvard Pilgrim Health Care Plan Choices	Total Monthly Premium	College Monthly Contribution	Employee Payroll Deductions	
			Weekly	Monthly
HMO – Individual	\$776.49	\$582.37	\$44.80	\$194.12
HMO – Family	\$2,104.31	\$1,578.23	\$121.40	\$526.08
HMO – Individual for \$45,000 ≤	\$776.49	\$621.19	\$35.84	\$155.30
HMO – Family for \$45,000 ≤	\$2,104.31	\$1,683.44	\$97.12	\$420.86
PPO Plus - Individual	\$660.02	\$511.51	\$34.27	\$148.50
PPO Plus - Family	\$1,788.02	\$1,385.72	\$92.84	\$402.30
PPO Plus - Individual for \$45,000 ≤	\$660.02	\$528.01	\$30.46	\$132.00
PPO Plus - Family for \$45,000 ≤	\$1,788.02	\$1,430.42	\$82.52	\$357.60

2020 Dental Insurance Rates

Delta Dental Plan Choices	Total Monthly Premium	College Monthly Contribution	Employee Payroll Deductions	
			Weekly	Monthly
Premier PPO+ Individual	\$56.82	\$45.46	\$2.62	\$11.36
Premier PPO+ Family	\$148.30	\$74.15	\$17.12	\$74.15
Delta Care - Individual	\$37.65	\$30.12	\$1.74	\$7.53
Delta Care - Family	\$93.06	\$46.53	\$10.74	\$46.53

2020 Vision Insurance Rates

EyeMed Vision Plan Choices	Total Monthly Premium	Employee Payroll Deductions 100% Employee Paid	
		Weekly	Monthly
Employee Only	\$6.87	\$1.59	\$6.87
Employee + Spouse	\$13.05	\$3.01	\$13.05
Employee + Child(ren)	\$13.74	\$3.17	\$13.74
Family	\$20.20	\$4.66	\$20.20

