TOWN OF SWAMPSCOTT | EMPLOYEE BENEFITS
FY2025 RATES

HEALTH INSURANCE - EMPLOYEE & NON-MEDICARE RETIREE/SURVIVOR

PLAN	INDIVIDUAL PLAN				FAMILY PLAN			
	DETAIL	RATE	PAYS / YEAR	COST / PAY	DETAIL	RATE	PAYS / YEAR	COST / PAY
Harvard Pilgrim Access America	100%	$ 1,259.39	52 (48 deductions)	$ 85.01	100%	$ 2,809.26	52 (48 deductions)	$ 189.63
Type: PPO	Town's Cost (73%)	$ 919.35	26 (24 deductions)	$ 170.02	Town's Cost (73%)	$ 2,050.76	26 (24 deductions)	$ 379.25
Network: National	Employee's Cost (27%)	$ 340.04	22	$ 185.47	Employee's Cost (27%)	$ 758.50	22	$ 413.73
Employee Rate Cost: 27%			21	$ 194.31			21	$ 433.43
			12	$ 340.04			12	$ 758.50
Wellpoint Total Choice	100%	$ 1,501.35	52 (48 deductions)	$ 150.14	100%	$ 3,331.72	52 (48 deductions)	$ 333.17
Type: Indemnity	Town's Cost (60%)	$ 900.81	26 (24 deductions)	$ 300.27	Town's Cost (60%)	$ 1,999.03	26 (24 deductions)	$ 666.34
Network: Broad	Employee's Cost (40%)	$ 600.54	22	$ 327.57	Employee's Cost (40%)	$ 1,332.69	22	$ 726.92
Employee Rate Cost: 40%			21	$ 343.17			21	$ 761.54
			12	$ 600.54			12	$ 1,332.69
Wellpoint PLUS	100%	$ 958.62	52 (48 deductions)	$ 64.71	100%	$ 2,284.05	52 (48 deductions)	$ 154.17
Type: PPO-Type	Town's Cost (73%)	$ 699.79	26 (24 deductions)	$ 129.41	Town's Cost (73%)	$ 1,667.36	26 (24 deductions)	$ 308.35
Network: Broad	Employee's Cost (27%)	$ 258.83	22	$ 141.18	Employee's Cost (27%)	$ 616.69	22	$ 336.38
Employee Rate Cost: 27%			21	$ 147.90			21	$ 352.40
			12	$ 258.83			12	$ 616.69
Harvard Pilgrim Explorer	100%	$ 1,067.87	52 (48 deductions)	$ 72.08	100%	$ 2,645.90	52 (48 deductions)	$ 178.60
Type: POS	Town's Cost (73%)	$ 779.55	26 (24 deductions)	$ 144.16	Town's Cost (73%)	$ 1,931.51	26 (24 deductions)	$ 357.20
Network: Broad	Employee's Cost (27%)	$ 288.32	22	$ 157.27	Employee's Cost (27%)	$ 714.39	22	$ 389.67
Employee Rate Cost: 27%			21	$ 164.76			21	$ 408.22
			12	$ 288.32			12	$ 714.39
Mass General Brigham Health Plan Complete	100%	$ 977.66	52 (48 deductions)	$ 65.99	100%	$ 2,585.42	52 (48 deductions)	$ 174.52
Type: HMO	Town's Cost (73%)	$ 713.69	26 (24 deductions)	$ 131.98	Town's Cost (73%)	$ 1,887.36	26 (24 deductions)	$ 349.03
Network: Broad	Employee's Cost (27%)	$ 263.97	22	$ 143.98	Employee's Cost (27%)	$ 698.06	22	$ 380.76
Employee Rate Cost: 27%			21	$ 150.84			21	$ 398.89
			12	$ 263.97			12	$ 698.06
Health New England	100%	$ 778.25	52 (48 deductions)	$ 52.53	100%	$ 1,866.96	52 (48 deductions)	$ 126.02
Type: HMO	Town's Cost (73%)	$ 568.12	26 (24 deductions)	$ 105.06	Town's Cost (73%)	$ 1,362.88	26 (24 deductions)	$ 252.04
Network: Regional	Employee's Cost (27%)	$ 210.13	22	$ 114.62	Employee's Cost (27%)	$ 504.08	22	$ 274.95
Employee Rate Cost: 27%			21	$ 120.07			21	$ 288.05
			12	$ 210.13			12	$ 504.08
Wellpoint Community Choice	100%	$ 744.97	52 (48 deductions)	$ 50.29	100%	$ 1,849.09	52 (48 deductions)	$ 124.81
Type: PPO-Type	Town's Cost (73%)	$ 543.83	26 (24 deductions)	$ 100.57	Town's Cost (73%)	$ 1,349.84	26 (24 deductions)	$ 249.63
Network: Limited	Employee's Cost (27%)	$ 201.14	22	$ 109.71	Employee's Cost (27%)	$ 499.25	22	$ 272.32
Employee Rate Cost: 27%			21	$ 114.94			21	$ 285.29
			12	$ 201.14			12	$ 499.25
Harvard Pilgrim Quality	100%	$ 788.04	52 (48 deductions)	$ 53.19	100%	$ 2,005.81	52 (48 deductions)	$ 135.39
Type: HMO	Town's Cost (73%)	$ 575.27	26 (24 deductions)	$ 106.39	Town's Cost (73%)	$ 1,464.24	26 (24 deductions)	$ 270.78
Network: Limited	Employee's Cost (27%)	$ 212.77	22	$ 116.06	Employee's Cost (27%)	$ 541.57	22	$ 295.40
Employee Rate Cost: 27%			21	$ 121.58			21	$ 309.47
			12	$ 212.77			12	$ 541.57

HEALTH INSURANCE - MEDICARE PLANS

PLAN	CATEGORY	PRODUCT TYPE	INDIVIDUAL MONTHLY COST
Tufts Health Plan Medicare Preferred	Medicare Advantage	HMO	$ 0.01
Wellpoint Medicare Extension	Medicare Supplement	Indemnity	$ 55.58
Harvard Pilgrim Medicare Enhance	Medicare Supplement	Indemnity	$ 52.16
Health New England Medicare Supplement Plus	Medicare Supplement	Indemnity	$ 53.23

DENTAL INSURANCE - EMPLOYEES

PLAN	PAYS / YEAR	INDIVIDUAL COST	FAMILY COST
Sun Life	52 (48 deductions)	$ 13.25	$ 33.50
Type: PPO	26 (24 deductions)	$ 26.50	$ 67.00
Employee Rate Cost: 100%	22	$ 28.91	$ 73.09
	21	$ 30.29	$ 76.57
	12	$ 53.00	$ 134.00

DENTAL INSURANCE - RETIREES

PLAN	MONTHLY COST - INDIVIDUAL	MONTHLY COST - FAMILY
MetLife Dental	$ 29.36	$ 70.75

VISION INSURANCE - EMPLOYEES

PLAN	PAYS / YEAR	INDIVIDUAL	FAMILY	EMP + SPOUSE	EMP + CHILDREN
Eye Med	52 (48 deductions)	$ 1.59	$ 4.66	$ 3.01	$ 3.17
Type: PPO	26 (24 deductions)	$ 3.17	$ 9.33	$ 6.03	$ 6.35
Employee Rate Cost: 100%	22	$ 3.46	$ 10.17	$ 6.57	$ 6.92
	21	$ 3.62	$ 10.66	$ 6.89	$ 7.25
	12	$ 6.34	$ 18.65	$ 12.05	$ 12.69