

**Group Health, Life and Dental Insurance Rates for
ACTIVE EMPLOYEES and NON-MEDICARE ELIGIBLE RETIREES
Effective July 1, 2022 - June 30, 2023**

TOWN OF BROOKLINE

GROUP HEALTH

Plan Name	Total Annual Premium	Total Monthly Premium	Town Share Monthly	Employee Monthly	Pay Schedule Employee Weekly (52)	Pay Schedule Employee Weekly (41)	Pay Schedule Employee Bi-Weekly (21)
Allways Health Partners							
Individual	\$10,133.64	\$844.47	\$700.91	\$143.56	\$33.13	\$42.02	\$82.03
Family	\$26,539.68	\$2,211.64	\$1,835.66	\$375.98	\$86.76	\$110.04	\$214.85
Harvard Pilgrim Independence Plan							
Individual	\$12,432.36	\$1,036.03	\$859.90	\$176.13	\$40.64	\$51.55	\$100.64
Family	\$30,415.56	\$2,534.63	\$2,103.74	\$430.89	\$99.44	\$126.11	\$246.22
Harvard Pilgrim Primary Choice							
Individual	\$8,960.64	\$746.72	\$619.78	\$126.94	\$29.29	\$37.15	\$72.54
Family	\$22,914.96	\$1,909.58	\$1,584.95	\$324.63	\$74.91	\$95.01	\$185.50
Health New England							
Individual	\$8,036.52	\$669.71	\$555.86	\$113.85	\$26.27	\$33.32	\$65.06
Family	\$19,225.56	\$1,602.13	\$1,329.77	\$272.36	\$62.85	\$79.72	\$155.64
Tufts Health Plan Navigator							
Individual	\$10,693.92	\$891.16	\$739.66	\$151.50	\$34.96	\$44.34	\$86.57
Family	\$26,197.80	\$2,183.15	\$1,812.01	\$371.14	\$85.65	\$108.63	\$212.08
Tufts Health Plan Spirit							
Individual	\$8,108.76	\$675.73	\$560.86	\$114.87	\$26.51	\$33.62	\$65.64
Family	\$19,614.48	\$1,634.54	\$1,356.67	\$277.87	\$64.12	\$81.33	\$158.78
Unicare State Indemnity Plan/Basic with CIC*							
Individual	\$14,869.08	\$1,239.09	\$805.41	\$433.68	\$100.08	\$126.93	\$247.82
Family	\$33,031.80	\$2,752.65	\$1,789.22	\$963.43	\$222.33	\$281.98	\$550.53
Unicare State Indemnity Plan/Basic without CIC*							
Individual	\$14,159.04	\$1,179.92	\$766.95	\$412.97	\$95.30	\$120.87	\$235.98
Family	\$31,415.28	\$2,617.94	\$1,701.66	\$916.28	\$211.45	\$268.18	\$523.59

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Effective July 1, 2022 - June 30, 2023**

TOWN OF BROOKLINE

GROUP HEALTH

Plan Name	Total Annual	Total Monthly	Town Share	Employee	Pay Schedule	Pay Schedule	Pay Schedule
	Premium	Premium	Monthly	Monthly	Employee Weekly (52)	Employee Weekly (41)	Employee Bi-Weekly (21)
Unicare State Indemnity Plan/Community Choice							
Individual	\$7,485.96	\$623.83	\$517.78	\$106.05	\$24.47	\$31.04	\$60.60
Family	\$18,640.92	\$1,553.41	\$1,289.33	\$264.08	\$60.94	\$77.29	\$150.90
Unicare State Indemnity Plan/PLUS							
Individual	\$9,736.68	\$811.39	\$673.45	\$137.94	\$31.83	\$40.37	\$78.82
Family	\$23,265.00	\$1,938.75	\$1,609.16	\$329.59	\$76.06	\$96.46	\$188.34

DENTAL INSURANCE

Delta Dental Low Option (active ees only)

Individual	\$217.08	\$18.09	\$0	\$18.09	\$4.17	\$5.29	\$10.34
Individual +1	\$434.16	\$36.18	\$0	\$36.18	\$8.35	\$10.59	\$20.67
Family	\$718.44	\$59.87	\$0	\$59.87	\$13.82	\$17.52	\$34.21

Delta Dental High Option (active ees only)

Individual	\$720.24	\$60.02	\$0	\$60.02	\$13.85	\$17.57	\$34.30
Individual +1	\$1,307.28	\$108.94	\$0	\$108.94	\$25.14	\$31.88	\$62.25
Family	\$2,054.04	\$171.17	\$0	\$171.17	\$39.50	\$50.10	\$97.81

LIFE INSURANCE (Basic)

Life Insurance	\$76.20	\$6.35	\$4.76	\$1.59	\$0.37	\$0.46	\$0.91
AFSCME Optional Life Insurance	\$16.92	\$1.41	\$1.06	\$0.35	\$0.08	N/A	N/A

1. School Professionals and Paraprofessionals are paid on a bi-weekly basis. Deduction rates are based on 12 months of premiums divided over 21 paychecks. New employees may see an adjusted deduction in the first few pay checks depending on start date and benefit effective date.

2. School employees who are paid weekly but fewer than 52 weeks per year will have 41 benefit deductions withheld from their pay.

*Currently, the Town pays 83% of the premium and employees/retirees pay 17% of the premium, except for the Indemnity plan for which the Town pays 65% of the premium and the employee/retiree pays 35% of the premium.