

Health and Dental Plan Rates Period of: 8/1/2023 - 7/31/2024

Only withheld 1st 2 pay periods of each month - 24 payments

	Premium		Employer cost		Employee cost		
	Monthly	Annual	Monthly	Annual	Monthly	per pay period	Annual
Harvard Pilgrim - Flex 1000 Plan							
Family	2,918.59	35,023.08	2,188.94	26,267.31	729.65	364.82	8,755.77
Couple	2,048.13	24,577.56	1,536.10	18,433.17	512.03	256.02	6,144.39
1 Parent w/children	1,894.52	22,734.24	1,420.89	17,050.68	473.63	236.82	5,683.56
Individual	1,024.07	12,288.84	768.05	9,216.63	256.02	128.01	3,072.21
Harvard Pilgrim - Flex 2000 Plan							
Family	2,629.29	31,551.48	1,971.97	23,663.61	657.32	328.66	7,887.87
Couple	1,845.12	22,141.44	1,383.84	16,606.08	461.28	230.64	5,535.36
1 Parent w/children	1,706.73	20,480.76	1,280.05	15,360.57	426.68	213.34	5,120.19
Individual	922.56	11,070.72	691.92	8,303.04	230.64	115.32	2,767.68
Harvard Pilgrim - Focus 1000 Plan							
Family	2,564.20	30,770.40	1,923.15	23,077.80	641.05	320.53	7,692.60
Couple	1,799.44	21,593.28	1,349.58	16,194.96	449.86	224.93	5,398.32
1 Parent w/children	1,664.48	19,973.76	1,248.36	14,980.32	416.12	208.06	4,993.44
Individual	899.72	10,796.64	674.79	8,097.48	224.93	112.47	2,699.16
Delta Dental PPO-Plus Premier							
Family	175.12	2,101.44	157.61	1,891.30	17.51	8.76	210.14
Individual	63.29	759.48	56.96	683.53	6.33	3.16	75.95