

**TOWN OF BRAINTREE**  
**EMPLOYEE GROUP HEALTH, DENTAL & VISION INSURANCE**  
**SCHEDULE OF MONTHLY RATES**  
**07/01/2025 THROUGH 06/30/2026**

PROVIDER	TYPE OF PLAN	MONTHLY RATE EFF. 7/1/25	TOWN'S MONTHLY CONTRIBUTION		EMPLOYEE'S MONTHLY CONTRIBUTION		EMPLOYEE'S BIWEEKLY CONTRIBUTION	EMPLOYEE'S 21 BIWEEKLY CONTRIBUTION	COBRA
Blue Care Elect PPO Option 2	Individual (I)	\$ 1,707.94	50%	\$ 853.97	50%	\$ 853.97	\$ 394.14	\$ 487.98	\$ 1,742.10
	Family (F)	\$ 3,999.64	50%	\$ 1,999.82	50%	\$ 1,999.82	\$ 922.99	\$ 1,142.75	\$ 4,079.63
Network Blue Managed Option 2	Individual (I)	\$ 1,541.13	66%	\$ 1,017.15	34%	\$ 523.98	\$ 241.84	\$ 299.42	\$ 1,571.95
	Family (F)	\$ 3,638.25	51%	\$ 1,855.51	49%	\$ 1,782.74	\$ 822.80	\$ 1,018.71	\$ 3,711.02
Harvard Pilgrim Health HMO Option 2	Individual (I)	\$ 1,059.85	67%	\$ 710.10	33%	\$ 349.75	\$ 161.42	\$ 199.86	\$ 1,081.05
	Family (F)	\$ 2,779.92	58%	\$ 1,612.35	42%	\$ 1,167.57	\$ 538.88	\$ 667.18	\$ 2,835.52
Harvard Pilgrim Health (HMO Option 1 - BELD ONLY)	Individual (I)	\$ 2,329.67	67%	\$ 1,560.88	33%	\$ 768.79	\$ 354.83	\$ 439.31	\$ 2,376.26
	Family (F)	\$ 6,114.29	58%	\$ 3,546.29	42%	\$ 2,568.00	\$ 1,185.23	\$ 1,467.43	\$ 6,236.58
							BIWEEKLY	21 BIWEEKLY	
Delta Dental Premier	Individual (I)	\$ 40.00					\$ 18.46	\$ 22.86	
	Family (F)	\$ 99.00					\$ 45.69	\$ 56.57	
Delta Dental PPO Plus Premier	Individual (I)	\$ 54.08					\$ 24.96	\$ 30.90	
	Family (F)	\$ 153.27					\$ 70.74	\$ 87.58	
EyeMed Enhanced	Employee	\$ 8.75					\$ 4.04	\$ 5.00	
	Employee + 1	\$ 16.63					\$ 7.68	\$ 9.50	
	Employee + Children	\$ 17.50					\$ 8.08	\$ 10.00	
	Family	\$ 25.73					\$ 11.88	\$ 14.70	
Boston Mutual	Basic Life	\$ 13.80	50%	3.18	50%	3.18	\$ 3.18	\$ 3.94	