

**TOWN OF HINGHAM
SCHEDULE OF HEALTH/LIFE/DENTAL CONTRIBUTIONS
FY 2026**

HEALTH INSURANCE

<u>HEALTH PLAN</u>	<u>PLAN TYPE</u>	<u>COVERAGE</u>	<u>52 WKS</u>	<u>36 WKS</u>	<u>26 WKS</u>	<u>21 WKS</u>	<u>MONTHLY</u>	<u>COBRA</u>
Harvard Pilgrim Access America	PPO	Individual	\$165.99	\$239.77	\$331.99	\$411.03	\$719.31	\$1,467.39
		Family	\$370.24	\$534.80	\$740.49	\$916.79	\$1,604.39	\$3,272.96
Wellpoint Total Choice (formerly Unicare)	Indemnity	Individual	\$202.45	\$292.43	\$404.91	\$501.31	\$877.30	\$1,789.69
		Family	\$449.98	\$649.97	\$899.96	\$1,114.24	\$1,949.92	\$3,977.83
Wellpoint PLUS (formerly Unicare)	PPO-type	Individual	\$126.00	\$182.01	\$252.01	\$312.01	\$546.02	\$1,113.87
		Family	\$300.70	\$434.34	\$601.39	\$744.58	\$1,303.02	\$2,658.15
Harvard Pilgrim Explorer	POS	Individual	\$137.07	\$198.00	\$274.15	\$339.42	\$593.99	\$1,211.73
		Family	\$339.35	\$490.18	\$678.71	\$840.30	\$1,470.53	\$2,999.88
Mass General Brigham Health Plan Complete	HMO	Individual	\$125.94	\$181.91	\$251.88	\$311.85	\$545.73	\$1,113.29
		Family	\$332.84	\$480.76	\$665.67	\$824.17	\$1,442.29	\$2,942.27
Health New England	HMO	Individual	\$99.16	\$143.23	\$198.31	\$245.53	\$429.68	\$876.55
		Family	\$237.83	\$343.53	\$475.65	\$588.90	\$1,030.58	\$2,102.38
Wellpoint Community Choice (formerly Unicare)	PPO-type	Individual	\$96.62	\$139.56	\$193.24	\$239.25	\$418.69	\$854.13
		Family	\$240.15	\$346.88	\$480.30	\$594.65	\$1,040.65	\$2,122.92
Harvard Pilgrim Quality	HMO	Individual	\$102.19	\$147.61	\$204.38	\$253.04	\$442.82	\$903.34
		Family	\$259.91	\$375.42	\$519.81	\$643.57	\$1,126.26	\$2,297.56

MEDICARE PLANS

Tufts Health Plan Medicare Preferred	Medicare Advantage	N/A	N/A	N/A	N/A	N/A	\$195.60	N/A
Wellpoint Medicare Extension (formerly Unicare)	Medicare Supplement	N/A	N/A	N/A	N/A	N/A	\$238.17	N/A
Harvard Pilgrim Medicare Enhanced	Medicare Supplement	N/A	N/A	N/A	N/A	N/A	\$234.11	N/A
Health New England Medicare Supplement Plus	Medicare Supplement	N/A	N/A	N/A	N/A	N/A	\$235.36	N/A

DENTAL INSURANCE

			<u>52 WKS</u>	<u>36 WKS</u>	<u>26 WKS</u>	<u>21 WKS</u>	<u>MONTHLY</u>	<u>COBRA</u>
Delta Dental Enhanced (Active Employees)	Premier	Individual Family	\$12.46 \$31.62	\$18.00 \$45.67	\$24.92 \$63.23	\$30.86 \$78.29	\$54.00 \$137.00	\$55.08 \$139.74
Delta Dental Voluntary Table Plan (Retirees)		Individual Family						\$40.00 \$99.00

LIFE INSURANCE

<u>Provider</u>	<u>Type</u>	<u>Coverage</u>	<u>Monthly Deduction</u>				
Boston Mutual	1 Basic Term G-142	10,000 \$	9.75	52 wk.			
		\$	11.70	21-36 wk.			
Boston Mutual	2 Voluntary Term Life G-13964-1 (Closed)		<u>52 WKS</u>	<u>36 WKS</u>	<u>26 WKS</u>	<u>21 WKS</u>	<u>MONTHLY</u>
		\$ 5,000 \$	0.90 \$	1.30 \$	1.80 \$	2.23 \$	3.90 \$
		\$ 10,000 \$	1.80 \$	2.60 \$	3.60 \$	4.46 \$	7.80 \$
		\$ 15,000 \$	2.70 \$	3.90 \$	5.40 \$	6.69 \$	11.70 \$
		\$ 20,000 \$	3.60 \$	5.20 \$	7.20 \$	8.91 \$	15.60 \$
		\$ 25,000 \$	4.50 \$	6.50 \$	9.00 \$	11.14 \$	19.50 \$
		\$ 30,000 \$	5.40 \$	7.80 \$	10.80 \$	13.37 \$	23.40 \$
		\$ 35,000 \$	6.30 \$	9.10 \$	12.60 \$	15.60 \$	27.30 \$
		\$ 40,000 \$	7.20 \$	10.40 \$	14.40 \$	17.83 \$	31.20 \$
		Dependent Coverage	\$	1.00 \$	1.44 \$	2.00 \$	2.48 \$
Boston Mutual	3 Voluntary Term Life & Acc. Death G-13964-2	<u>Sample weekly payroll deductions for you and your spouse are shown below.</u>					
			Monthly Premium Rate				
		<u>Age</u>	<u>per 1,000</u>	<u>10,000</u>	<u>30,000</u>	<u>50,000</u>	<u>100,000</u>
		Under 35	\$ 0.12	\$ 0.28	\$ 0.83	\$ 1.38	\$ 2.77
		35-39	\$ 0.16	\$ 0.37	\$ 1.11	\$ 1.85	\$ 3.69
		40-44	\$ 0.24	\$ 0.55	\$ 1.66	\$ 2.77	\$ 5.54
		45-49	\$ 0.35	\$ 0.81	\$ 2.42	\$ 4.04	\$ 8.08
		50-54	\$ 0.56	\$ 1.29	\$ 3.88	\$ 6.46	\$ 12.92
		55-59	\$ 0.78	\$ 1.80	\$ 5.40	\$ 9.00	\$ 18.00
		60-64	\$ 1.14	\$ 2.63	\$ 7.89	\$ 13.15	\$ 26.31
65-69	\$ 1.96	\$ 4.52	\$ 13.57	\$ 22.62	\$ 45.23		

Premium rates are based on attained age and WILL NOT CHANGE as you move to a higher age bracket. Coverage in units of \$10,000 to a maximum of \$500,000. Maximum cannot exceed five times your annual salary.
Please contact the Benefit's office for more details.