

Town of Concord
Employees' Group Health Insurance Rates
 Effective 6/1/2021
 (Payroll deductions change as of May 2021)

Although there are 26 biweekly paydates per year, employee insurance deductions & FSA/HSA contributions are made 24 times per year (max of 2 times per month).
 Employees are responsible for verifying that their deductions match those required for the benefits in which they have enrolled and for reporting any errors to HR so their payments can be reconciled.

FAMILY	Tufts Benchmark EPO	Tufts HSA-Qualified HMO w/HSA	Harvard Benchmark HMO	Harvard HSA-Qualified HMO w/HSA	Fallon Select Benchmark HMO	Fallon Select HSA-Qualified HMO w/HSA	Fallon Direct Benchmark HMO	Fallon Direct HSA-Qualified HMO w/HSA
<i>Group Number</i>	16208-010	54707-010	0287170-013	0747480-013	55500-81	55508-31	55500-80	55508-27
Monthly Premium	\$2,406.00	\$1,972.00	\$2,496.00	\$1,972.00	\$2,109.00	\$1,729.00	\$1,965.00	\$1,611.00
<i>Town Regular Share</i>	\$1,251.12	\$1,025.44	\$1,372.80	\$1,084.60	\$1,159.96	\$950.96	\$1,080.76	\$886.06
Town Incentive Payment*	\$0.00	\$159.16	\$0.00	\$100.00	\$205.00	\$165.00	\$190.00	\$165.00
<i>Town's Effective Contribution**</i>	52%	60%	55%	60%	65%	65%	65%	65%
<i>Employee Share</i>	\$1,154.88	\$787.40	\$1,123.20	\$787.40	\$744.04	\$613.04	\$694.24	\$559.94
Biweekly Payroll Deduction	\$577.44	\$393.70	\$561.60	\$393.70	\$372.02	\$306.52	\$347.12	\$279.97
<i>Change in Biweekly Deduction (Diff. between 2020-2021 & 2021-2022 Plan Year)</i>	\$8.64	\$7.38	\$5.63	\$4.50	\$17.25	\$17.75	\$17.95	\$16.40
Annual Employee Premium:	\$ 13,859	\$ 9,449	\$ 13,478	\$ 9,449	\$ 8,928	\$ 7,356	\$ 8,331	\$ 6,719
Town HSA Contribution:	\$ -	\$ 2,000	\$ -	\$ 2,000	\$ -	\$ 2,000	\$ -	\$ 2,000

* = this is a Plan Year incentive to subscribe in the most cost-effective plans; result is lower cost for employee in 2021-2022

** = these are the percentages that will be effective in this Plan Year; represents standard Town percentage contribution plus the Plan Year incentive payment

INDIVIDUAL	Tufts Benchmark EPO	Tufts HSA-Qualified HMO w/HSA	Harvard Benchmark HMO	Harvard HSA-Qualified HMO w/HSA	Fallon Select Benchmark HMO	Fallon Select HSA-Qualified HMO w/HSA	Fallon Direct Benchmark HMO	Fallon Direct HSA-Qualified HMO w/HSA
<i>Group Number</i>	16208-010	54707-010	0287170-013	0747480-013	55500-81	55508-31	55500-80	55508-27
Monthly Premium	\$886.00	\$727.00	\$949.00	\$749.00	\$790.00	\$647.00	\$735.00	\$602.00
<i>Town Regular Share</i>	\$540.46	\$443.48	\$597.88	\$471.88	\$474.00	\$388.20	\$441.00	\$361.20
Town Incentive Payment*	\$0.00	\$50.00	\$0.00	\$35.00	\$60.00	\$50.00	\$60.00	\$50.00
<i>Town's Effective Contribution**</i>	61%	68%	63%	68%	68%	68%	68%	68%
<i>Employee Share</i>	\$345.54	\$233.52	\$351.12	\$242.12	\$256.00	\$208.80	\$234.00	\$190.80
Biweekly Payroll Deduction	\$172.77	\$116.76	\$175.56	\$121.06	\$128.00	\$104.40	\$117.00	\$95.40
<i>Change in Biweekly Deduction (Diff. between 2020-2021 & 2021-2022 Plan Year)</i>	\$2.54	\$2.14	\$1.66	\$1.29	\$6.70	\$6.80	\$6.10	\$5.20
Annual Employee Premium	\$ 4,146	\$ 2,802	\$ 4,213	\$ 2,905	\$ 3,072	\$ 2,506	\$ 2,808	\$ 2,290
Town HSA Contribution	\$ -	\$ 1,000	\$ -	\$ 1,000	\$ -	\$ 1,000	\$ -	\$ 1,000

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Please note that to be eligible for coverage under any one of these plans, the employee and covered family members must live in the service area defined by that plan. If you move, you must contact the Human Resources Department to record your address change and discuss how your move might affect your coverage options. To find out about the insurance option available to people who are ineligible for coverage under any of the plans listed here, please contact the Human Resources Department.