

Town of Concord
Employees' Group Health Insurance Rates
 Effective 7/1/2022
 (Payroll deductions change as of June 2022)

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 Lower Deductible EPO (HMO)	Tufts HSA-Qualified EPO (HMO) w/HSA	Harvard Lower Deductible HMO	Harvard HSA-Qualified HMO w/HSA	Network Blue New England (Full-Network)	Access Blue New England Saver (Full-Network)	Network Blue Select (Limited-Network)	Blue Cross (BCBS) HSA-Qualified HMO w/HSA
					Blue Cross (BCBS) Lower Deductible HMO	Blue Cross (BCBS) Lower Deductible HMO	Blue Cross (BCBS) Lower Deductible HMO	
<i>Group Number</i>	16208-010	54707-010	0287170-013	0747480-013	00-4069773	00-4069851	00-4069812	
Monthly Premium	\$2,584.00	\$2,118.00	\$2,708.00	\$2,140.00	\$2,357.00	\$1,932.00	\$2,196.00	
<i>Town's Contribution Rate</i>	60%	65%	60%	65%	65%	70%	65%	70%
<i>Town Share</i>	\$1,550.40	\$1,376.70	\$1,624.80	\$1,391.00	\$1,532.06	\$1,352.40	\$1,427.40	
<i>Employee Share</i>	\$1,033.60	\$741.30	\$1,083.20	\$749.00	\$824.94	\$579.60	\$768.60	
Biweekly Payroll Deduction	\$516.80	\$370.65	\$541.60	\$374.50	\$412.47	\$289.80	\$384.30	Not Available for FY23
Change in Biweekly Deduction <i>(Diff. between 2021-2022 & 2022-2023 Plan Year)</i>	(\$60.64)	(\$23.05)	(\$20.00)	(\$19.20)	\$40.45	(\$16.72)	\$37.18	
Town HSA Contribution:	\$ -	\$ 2,000	\$ -	\$ 2,000	\$ -	\$ 2,000	\$ -	\$ 2,000

INDIVIDUAL	Tufts Lower Deductible EPO (HMO)	Tufts HSA-Qualified EPO (HMO) w/HSA	Harvard Lower Deductible HMO	Harvard HSA-Qualified HMO w/HSA	Network Blue New England (Full-Network)	Access Blue New England Saver (Full-Network)	Network Blue Select (Limited-Network)	Blue Cross (BCBS) HSA-Qualified HMO w/HSA
					Blue Cross (BCBS) Lower Deductible HMO	Blue Cross (BCBS) Lower Deductible HMO	Blue Cross (BCBS) Lower Deductible HMO	
<i>Group Number</i>	16208-010	54707-010	0287170-013	0747480-013	00-4069773	00-4069851	00-4069812	
Monthly Premium	\$952.00	\$781.00	\$1,030.00	\$813.00	\$883.00	\$723.00	\$821.00	
<i>Town's Contribution Rate</i>	61%	65%	63%	65%	65%	70%	65%	70%
<i>Town Share</i>	\$580.72	\$507.66	\$648.90	\$528.46	\$573.96	\$506.10	\$533.66	
<i>Employee Share</i>	\$371.28	\$273.34	\$381.10	\$284.54	\$309.04	\$216.90	\$287.34	
Biweekly Payroll Deduction	\$185.64	\$136.67	\$190.55	\$142.27	\$154.52	\$108.45	\$143.67	Not Available for FY23
Change in Biweekly Deduction <i>(Diff. between 2021-2022 & 2022-2023 Plan Year)</i>	\$12.87	\$19.91	\$14.99	\$21.21	\$26.52	\$4.05	\$26.67	
Town HSA Contribution:	\$ -	\$ 1,000	\$ -	\$ 1,000	\$ -	\$ 1,000	\$ -	\$ 1,000

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.