



2019 Health Insurance Rates

Harvard Pilgrim Health Care Plan Choices	Total Monthly Premium	College Monthly Contribution	Employee Payroll Deductions	
			Weekly	Monthly
HMO – Individual	\$755.34	\$566.51	43.58	\$188.84
HMO – Family	\$2,046.99	\$1,535.24	\$118.10	\$511.74
PPO Plus – Individual – Non-Union	\$642.04	\$497.58	\$33.34	\$144.46
PPO Plus – Family – Non-Union	\$1,739.32	\$1,347.97	\$90.31	\$391.34
PPO Plus - Individual – Union	\$642.04	\$481.53	\$37.04	N/A
PPO Plus - Family – Union	\$1,739.32	\$1,304.48	\$100.34	
PPO – Individual (closed)	\$1,208.99	\$563.38	\$148.98	\$645.60
PPO - Family (closed)	\$3,276.36	\$1,526.78	\$403.75	\$1,749.58

2019 Dental Insurance Rates

Delta Dental Plan Choices	Total Monthly Premium	College Monthly Contribution	Employee Payroll Deductions	
			Weekly	Monthly
Premier PPO+ Individual	\$56.82	\$45.46	\$2.62	\$11.36
Premier PPO+ Family	\$148.30	\$74.15	\$17.12	\$74.15
Delta Care - Individual	\$37.65	\$30.12	\$1.74	\$7.53
Delta Care - Family	\$93.06	\$46.53	\$10.74	\$46.53

2019 Vision Insurance Rates

EyeMed Vision Plan Choices	Total Monthly Premium	Employee Payroll Deductions 100% Employee Paid	
		Weekly	Monthly
Employee Only	\$6.87	\$1.59	\$6.87
Employee + Spouse	\$13.05	\$3.01	\$13.05
Employee + Child(ren)	\$13.74	\$3.17	\$13.74
Family	\$20.20	\$4.66	\$20.20