

**City of Malden - Medical Insurance Rates  
FY2021 (Period 07/01/2020 - 06/30/2021)**

**Harvard Pilgrim Health Care**

**52 Week Employees (paid over 26 periods)**

Employee Percent	FULL Monthly Rate		Employee Monthly Cost		Employee Weekly		Employee Bi-Weekly	
	INDIVIDUAL	FAMILY	INDIVIDUAL	FAMILY	INDIVIDUAL	FAMILY	INDIVIDUAL	FAMILY
<b>HMO</b>								
20.00%	\$ 857.28	\$ 2,198.55	\$ 171.46	\$ 439.71	\$ 42.87	\$ 109.93	\$ 79.14	\$ 202.94
25.00%	\$ 857.28	\$ 2,198.55	\$ 214.32	\$ 549.64	\$ 53.58	\$ 137.41	\$ 98.92	\$ 253.68
<b>PPO</b>								
25.00%	\$ 994.41	\$ 2,576.05	\$ 248.60	\$ 644.01	\$ 62.15	\$ 161.00	\$ 114.74	\$ 297.24

**In-Session School Employees paid over 26 periods**

Employee Percent	FULL Monthly Rate		Employee Monthly Cost		Employee Bi-Weekly	
	INDIVIDUAL	FAMILY	INDIVIDUAL	FAMILY	INDIVIDUAL	FAMILY
<b>HMO</b>						
20.00%	\$ 857.28	\$ 2,198.55	\$ 171.46	\$ 439.71	\$ 79.14	\$ 202.94
25.00%	\$ 857.28	\$ 2,198.55	\$ 214.32	\$ 549.64	\$ 98.92	\$ 253.68
<b>PPO</b>						
25.00%	\$ 994.41	\$ 2,576.05	\$ 248.60	\$ 644.01	\$ 114.74	\$ 297.24

**In-Session School Employees paid over 21 periods**

Employee Percent	FULL Monthly Rate		Employee Monthly Cost		Employee Bi-Weekly	
	INDIVIDUAL	FAMILY	INDIVIDUAL	FAMILY	INDIVIDUAL	FAMILY
<b>HMO</b>						
20.00%	\$ 857.28	\$ 2,198.55	\$ 171.46	\$ 439.71	\$ 97.98	\$ 251.26
25.00%	\$ 857.28	\$ 2,198.55	\$ 214.32	\$ 549.64	\$ 122.47	\$ 314.08
<b>PPO</b>						
25.00%	\$ 994.41	\$ 2,576.05	\$ 239.04	\$ 619.24	\$ 136.59	\$ 353.85

**Deductions 05/15/2020 - 06/12/2020**

HMO	42 Wk		39 Wk	
	20%	25%	20%	25%
I	\$ 54.03	\$ 67.53	\$ 58.25	N/A
F	\$ 138.55	\$ 173.19	\$ 149.39	N/A
<b>PPO</b>		<b>25%</b>		<b>25%</b>
I		\$ 78.33		\$ 84.46
F		\$ 202.93		\$ 218.80