TOWN OF STOW

MINUTEMAN-NASHOBA HEALTH GROUP HEALTH INSURANCE RATES EFFECTIVE: 6/01/2021 TO 5/31/2022

TRADITIONAL PLANS

Health Plan	Monthly Premium	Monthly Town Share	Em	Monthly ployee Share	Weekly Payroll Deduction	
Fallon Direct Care						
Individual Family	\$735.00 \$1,965.00	\$514.50 \$1,375.50	70 %	\$220.50 \$589.50	30%	\$55.13 \$147.38
Fallon Select Care						
Individual Family	\$790.00 \$2,109.00	\$553.00 \$1,476.30	70%	\$237.00 \$632.70	70%	\$59.25 \$158.18
Harvard Pilgrim Health Care - EPO						
Individual Family	\$949.00 \$2,496.00	\$664.30 \$1,747.20	70 %	\$284.70 \$748.80	70%	\$71.18 \$187.20
Tufts Health Plan - EPO						
Individual Family	\$886.00 \$2,406.00	\$620.20 \$1,684.20	70 %	\$265.80 \$721.80	70%	\$66.45 \$180.45
Tufts Total Health Plan - POS						
Individual Family	\$2,468.00 \$6,512.00	\$1,234.00 \$3,256.00	50%	\$1,234.00 \$3,256.00	50%	\$308.50 \$814.00
BC/BS DENTAL BLUE						
Individual Family	\$60.66 \$157.35	\$30.33 \$78.68	50%	\$30.33 \$78.68	50%	\$7.58 \$19.67

OPEN ENROLLMENT: 04-05-2021 TO 05-05-2021

For more information regarding the different health plans please contact the Treasurer's office or visit www.minuteman-nashoba.org

TOWN OF STOW

MINUTEMAN-NASHOBA HEALTH GROUP
HEALTH INSURANCE RATES EFFECTIVE: 6/01/2021 TO 5/31/2022

HIGH DEDUCTIBLE - HSA QUALIFIED PLANS

Health Plan	Annual Town Contribution to Health Saving Acct	Monthly Premium	Monthly Town Share	Monthly Employee Share		Weekly Payroll Deduction	
Fallon Direct Care							
Individual Family	\$1,000.00 \$2,000.00	\$602.00 \$1,611.00	\$421.40 \$1,127.70	70 %	\$180.60 \$483.30	30%	\$45.15 \$120.83
Fallon Select Care							
Individual Family	\$1,000.00 \$2,000.00	\$647.00 \$1,729.00	\$452.90 \$1,210.30	70%	\$194.10 \$518.70	30%	\$48.53 \$129.68
Harvard Pilgrim Health Ca	are - EPO						
Individual Family	\$1,000.00 \$2,000.00	\$749.00 \$1,972.00	\$524.30 \$1,380.40	70%	\$224.70 \$591.60	30%	\$56.18 \$147.90
Tufts Health Plan - EPO							
Individual Family	\$1,000.00 \$2,000.00	\$727.00 \$1,972.00	\$508.90 \$1,380.40	70 %	\$218.10 \$591.60	30%	\$54.53 \$147.90
BC/BS DENTAL BLUE							
Individual Family		\$60.66 \$157.35	\$30.33 \$78.68	50%	\$30.33 \$78.68	50%	\$7.58 \$19.67

OPEN ENROLLMENT: 04-05-2021 TO 05-05-2021

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