

Town of Shrewsbury 2020 - 2021 Employee Payroll Agreement

I _____ authorize the Town of Shrewsbury to deduct the premiums designated below from my payroll check.

Pay Frequency	26-Bi-Weekly <small>Town Departments</small>			26-Bi-Weekly <small>Teachers</small>			26-Bi-Weekly <small>School Administrators</small>			21-Bi-Weekly <small>Aides, ABAs, Ext. Day, and Food Svcs.</small>		
	EMP	TOWN		EMP	TOWN		EMP	TOWN		EMP	TOWN	
Benchmark Plans												
BC/BS												
Individual	_____	\$197.17	\$295.75 8260	_____	\$197.17	\$295.75 8261	_____	\$197.17	\$295.75 8264	_____	\$244.11	\$366.17 8263
Family	_____	\$528.55	\$792.83 8250	_____	\$528.55	\$792.83 8251	_____	\$528.55	\$792.83 8254	_____	\$654.40	\$981.60 8253
Tufts												
Individual	_____	\$200.12	\$300.18 8280	_____	\$200.12	\$300.18 8281	_____	\$200.12	\$300.18 8284	_____	\$247.77	\$371.66 8283
Family	_____	\$523.94	\$785.91 8270	_____	\$523.94	\$785.91 8271	_____	\$523.94	\$785.91 8274	_____	\$648.69	\$973.03 8273
HPHC												
Individual	_____	\$190.15	\$285.23 8230	_____	\$190.15	\$285.23 8231	_____	\$190.15	\$285.23 8234	_____	\$235.43	\$353.14 8233
Family	_____	\$495.32	\$742.98 8210	_____	\$495.32	\$742.98 8211	_____	\$495.32	\$742.98 8214	_____	\$613.26	\$919.89 8213
Fallon Select												
Individual	_____	\$98.45	\$266.17 8330	_____	\$98.45	\$266.17 8331	_____	\$98.45	\$266.17 8334	_____	\$121.89	\$329.54 8333
Family	_____	\$265.31	\$717.31 8310	_____	\$265.31	\$717.31 8311	_____	\$265.31	\$717.31 8314	_____	\$328.47	\$888.10 8313
Fallon Direct												
Individual	_____	\$74.73	\$264.96 8430	_____	\$74.73	\$264.96 8431	_____	\$74.73	\$264.96 8434	_____	\$92.53	\$328.05 8433
Family	_____	\$201.05	\$712.80 8410	_____	\$201.05	\$712.80 8411	_____	\$201.05	\$712.80 8414	_____	\$248.91	\$882.51 8413
HDHP (HSA) Plans												
	EMP	TOWN		EMP	TOWN		EMP	TOWN		EMP	TOWN	
BC/BS												
Individual	_____	\$159.14	\$238.71 8051	_____	\$159.14	\$238.71 8061	_____	\$159.14	\$238.71 8071	_____	\$197.03	\$295.54 8081
Family	_____	\$427.38	\$641.08 8052	_____	\$427.38	\$641.08 8062	_____	\$427.38	\$641.08 8072	_____	\$529.14	\$793.71 8082
Tufts												
Individual	_____	\$154.89	\$232.34 8053	_____	\$154.89	\$232.34 8063	_____	\$154.89	\$232.34 8073	_____	\$191.77	\$287.66 8083
Family	_____	\$405.78	\$608.68 8054	_____	\$405.78	\$608.68 8064	_____	\$405.78	\$608.68 8074	_____	\$502.40	\$753.60 8084
HPHC												
Individual	_____	\$147.14	\$220.71 8055	_____	\$147.14	\$220.71 8065	_____	\$147.14	\$220.71 8075	_____	\$182.17	\$273.26 8085
Family	_____	\$384.00	\$576.00 8056	_____	\$384.00	\$576.00 8066	_____	\$384.00	\$576.00 8076	_____	\$475.43	\$713.14 8086
Fallon Select												
Individual	_____	\$82.87	\$224.05 8057	_____	\$82.87	\$224.05 8067	_____	\$82.87	\$224.05 8077	_____	\$102.60	\$277.40 8087
Family	_____	\$223.68	\$604.78 8058	_____	\$223.68	\$604.78 8068	_____	\$223.68	\$604.78 8078	_____	\$276.94	\$748.77 8088
Fallon Direct												
Individual	_____	\$62.95	\$223.20 8059	_____	\$62.95	\$223.20 8069	_____	\$62.95	\$223.20 8079	_____	\$77.94	\$276.34 8089
Family	_____	\$169.67	\$601.56 8060	_____	\$169.67	\$601.56 8070	_____	\$169.67	\$601.56 8080	_____	\$210.07	\$744.79 8090
Indemnity Plans												
	EMP	TOWN		EMP	TOWN		EMP	TOWN		EMP	TOWN	
HPHC PPO												
Individual	_____	\$613.38	\$613.38 8160	_____	\$613.38	\$613.38 8161	_____	\$613.38	\$613.38 8164	_____	\$759.43	\$759.43 8163
Family	_____	\$1,362.00	\$1,362.00 8150	_____	\$1,362.00	\$1,362.00 8151	_____	\$1,362.00	\$1,362.00 8154	_____	\$1,686.29	\$1,686.29 8153
Life Insurance												
	EMP	TOWN		EMP	TOWN		EMP	TOWN		EMP	TOWN	
Basic Life	_____	\$1.96	\$1.96 8904	_____	\$1.96	\$1.96 8902	_____	\$1.96	\$1.96 8905	_____	\$2.42	\$2.42 8903
Optional Life	_____	\$ _____	8915	_____	\$ _____	8916	_____	\$ _____	8917	_____	\$ _____	8918
		Formula: Rate \$ _____ x Ins. Total per 1,000 \$ _____ x 12 / _____ (pay frequency)										
Voluntary Life	_____	\$ _____	8930	_____	\$ _____	8931	_____	\$ _____	8934	_____	\$ _____	8933
Town Dental Ins												
	EMP	TOWN										
Altus Dental	(24 week)											
Individual	_____	\$23.38	\$0.00 8970	_____	NA		_____	NA		_____	NA	
Family	_____	\$60.11	\$0.00 8971	_____			_____			_____		

I understand that if my premiums are not deducted correctly from my payroll/retirement check it is my responsibility to notify the Town Benefits Administrator, and I will be responsible for all back premiums. I also understand that the Town deducts premium one month in advance of coverage and additional premium due upon initial enrollment will also be deducted from my first payroll/retirement check. I acknowledge that I have received a notice informing me of my right under COBRA (Consolidated Omnibus Budget Reconciliation Act). I also acknowledge that I have received the Town of Shrewsbury's HIPAA Privacy Policy.

EFFECTIVE DATE: _____

SIGNED: _____

DATED: _____

**TOWN OF SHREWSBURY
WEST SUBURBAN HEALTH GROUP ACTIVE PLANS 2020-2021**

JUNE PAYROLL CHANGES FOR JULY 1, 2020 OPEN-ENROLLMENT

% PAID TOWN/EMP	PLAN TYPE	TOTAL MONTHLY	EMPR MONTHLY	EMPR 26 P/R SCH BI-WEEKLY	EMPR 21 P/R SCH BI-WEEKLY	EMPR 26 P/R TOWN BI-WEEKLY	EMPLOYEE MONTHLY	EMP. 26 P/R SCH BI-WEEKLY	EMP. 21P/R * SCH BI-WEEKLY	EMPLOYEE TOWN BI-WEEKLY	COBRA
INDEMNITY PLANS											
<i>Harvard Pilgrim PPO</i>											
50/50	FAMILY	\$5,902.00	\$2,951.00	\$1,362.00	\$1,686.29	\$1,362.00	\$2,951.00	\$1,362.00	\$1,686.29	\$1,362.00	\$6,020.04
50/50	FAMILY (SS)	\$5,902.00	\$2,951.00	\$1,362.00	\$1,686.29	\$1,362.00	\$2,951.00	\$1,362.00	\$1,686.29	\$1,362.00	
50/50	INDIVIDUAL	\$2,658.00	\$1,329.00	\$613.38	\$759.43	\$613.38	\$1,329.00	\$613.38	\$759.43	\$613.38	\$2,711.16
50/50	INDIVIDUAL (SS)	\$2,658.00	\$1,329.00	\$613.38	\$759.43	\$613.38	\$1,329.00	\$613.38	\$759.43	\$613.38	
HIGH DEDUCTIBLE HEALTH PLANS WITH HEALTH SAVINGS ACCOUNTS (HSA)											
<i>BLUE OPTIONS HSA QUALIFIED PLAN</i>											
60/40	FAMILY	\$2,315.00	\$1,389.00	\$641.08	\$793.71	\$641.08	\$926.00	\$427.38	\$529.14	\$427.38	\$2,361.30
50/50	FAMILY (SS)	\$2,315.00	\$1,157.50	\$534.23	\$661.43	\$534.23	\$1,157.50	\$534.23	\$661.43	\$534.23	
60/40	INDIVIDUAL	\$862.00	\$517.20	\$238.71	\$295.54	\$238.71	\$344.80	\$159.14	\$197.03	\$159.14	\$879.24
50/50	INDIVIDUAL (SS)	\$862.00	\$431.00	\$198.92	\$246.29	\$198.92	\$431.00	\$198.92	\$246.29	\$198.92	
<i>TUFTS NAVIGATOR HSA QUALIFIED PLAN</i>											
60/40	FAMILY	\$2,198.00	\$1,318.80	\$608.68	\$753.60	\$608.68	\$879.20	\$405.78	\$502.40	\$405.78	\$2,241.96
50/50	FAMILY (SS)	\$2,198.00	\$1,099.00	\$507.23	\$628.00	\$507.23	\$1,099.00	\$507.23	\$628.00	\$507.23	
60/40	INDIVIDUAL	\$839.00	\$503.40	\$232.34	\$287.66	\$232.34	\$335.60	\$154.89	\$191.77	\$154.89	\$855.78
50/50	INDIVIDUAL (SS)	\$839.00	\$419.50	\$193.62	\$239.71	\$193.62	\$419.50	\$193.62	\$239.71	\$193.62	
<i>HPHC HSA QUALIFIED PLAN</i>											
60/40	FAMILY	\$2,080.00	\$1,248.00	\$576.00	\$713.14	\$576.00	\$832.00	\$384.00	\$475.43	\$384.00	\$2,121.60
50/50	FAMILY (SS)	\$2,080.00	\$1,040.00	\$480.00	\$594.29	\$480.00	\$1,040.00	\$480.00	\$594.29	\$480.00	
60/40	INDIVIDUAL	\$797.00	\$478.20	\$220.71	\$273.26	\$220.71	\$318.80	\$147.14	\$182.17	\$147.14	\$812.94
50/50	INDIVIDUAL (SS)	\$797.00	\$398.50	\$183.92	\$227.71	\$183.92	\$398.50	\$183.92	\$227.71	\$183.92	
<i>FALLON SELECT HSA QUALIFIED PLAN</i>											
73/27	FAMILY	\$1,795.00	\$1,310.35	\$604.78	\$748.77	\$604.78	\$484.65	\$223.68	\$276.94	\$223.68	\$1,830.90
50/50	FAMILY (SS)	\$1,795.00	\$897.50	\$414.23	\$512.86	\$414.23	\$897.50	\$414.23	\$512.86	\$414.23	
73/27	INDIVIDUAL	\$665.00	\$485.45	\$224.05	\$277.40	\$224.05	\$179.55	\$82.87	\$102.60	\$82.87	\$678.30
50/50	INDIVIDUAL (SS)	\$665.00	\$332.50	\$153.46	\$190.00	\$153.46	\$332.50	\$153.46	\$190.00	\$153.46	
<i>FALLON DIRECT HSA QUALIFIED PLAN</i>											
78/22	FAMILY	\$1,671.00	\$1,303.38	\$601.56	\$744.79	\$601.56	\$367.62	\$169.67	\$210.07	\$169.67	\$1,704.42
50/50	FAMILY (SS)	\$1,671.00	\$835.50	\$385.62	\$477.43	\$385.62	\$835.50	\$385.62	\$477.43	\$385.62	
78/22	INDIVIDUAL	\$620.00	\$483.60	\$223.20	\$276.34	\$223.20	\$136.40	\$62.95	\$77.94	\$62.95	\$632.40
50/50	INDIVIDUAL (SS)	\$620.00	\$310.00	\$143.08	\$177.14	\$143.08	\$310.00	\$143.08	\$177.14	\$143.08	
(SS) REPRESENTS SURVIVING SPOUSE											
*SCHOOL EMPLOYEES PAID ON 21 BI-WEEKLY P/R (5 BI-WEEKLY SUMMER DEDUCTIONS ARE INCLUDED IN THE RATES)											

BENCHMARK HMO PLANS														
BLUE CROSS NETWORK BLUE BENCHMARK														
60/40	FAMILY	\$2,863.00		\$1,717.80	\$792.83	\$981.60	\$792.83		\$1,145.20	\$528.55	\$654.40	\$528.55		\$2,920.26
50/50	FAMILY (SS)	\$2,863.00		\$1,431.50	\$660.69	\$818.00	\$660.69		\$1,431.50	\$660.69	\$818.00	\$660.69		
60/40	INDIVIDUAL	\$1,068.00		\$640.80	\$295.75	\$366.17	\$295.75		\$427.20	\$197.17	\$244.11	\$197.17		
50/50	INDIVIDUAL (SS)	\$1,068.00		\$534.00	\$246.46	\$305.14	\$246.46		\$534.00	\$246.46	\$305.14	\$246.46		\$1,089.36
TUFTS BENCHMARK														
60/40	FAMILY	\$2,838.00		\$1,702.80	\$785.91	\$973.03	\$785.91		\$1,135.20	\$523.94	\$648.69	\$523.94		\$2,894.76
50/50	FAMILY (SS)	\$2,838.00		\$1,419.00	\$654.92	\$810.86	\$654.92		\$1,419.00	\$654.92	\$810.86	\$654.92		
60/40	INDIVIDUAL	\$1,084.00		\$650.40	\$300.18	\$371.66	\$300.18		\$433.60	\$200.12	\$247.77	\$200.12		\$1,105.68
50/50	INDIVIDUAL (SS)	\$1,084.00		\$542.00	\$250.15	\$309.71	\$250.15		\$542.00	\$250.15	\$309.71	\$250.15		
HPHC BENCHMARK														
60/40	FAMILY	\$2,683.00		\$1,609.80	\$742.98	\$919.89	\$742.98		\$1,073.20	\$495.32	\$613.26	\$495.32		\$2,736.66
50/50	FAMILY (SS)	\$2,683.00		\$1,341.50	\$619.15	\$766.57	\$619.15		\$1,341.50	\$619.15	\$766.57	\$619.15		
60/40	INDIVIDUAL	\$1,030.00		\$618.00	\$285.23	\$353.14	\$285.23		\$412.00	\$190.15	\$235.43	\$190.15		\$1,050.60
50/50	INDIVIDUAL (SS)	\$1,030.00		\$515.00	\$237.69	\$294.29	\$237.69		\$515.00	\$237.69	\$294.29	\$237.69		
FALLON SELECT BENCHMARK														
73/27	FAMILY	\$2,129.00		\$1,554.17	\$717.31	\$888.10	\$717.31		\$574.83	\$265.31	\$328.47	\$265.31		\$2,171.58
50/50	FAMILY (SS)	\$2,129.00		\$1,064.50	\$491.31	\$608.29	\$491.31		\$1,064.50	\$491.31	\$608.29	\$491.31		
73/27	INDIVIDUAL	\$790.00		\$576.70	\$266.17	\$329.54	\$266.17		\$213.30	\$98.45	\$121.89	\$98.45		\$805.80
50/50	INDIVIDUAL (SS)	\$790.00		\$395.00	\$182.31	\$225.71	\$182.31		\$395.00	\$182.31	\$225.71	\$182.31		
FALLON DIRECT BENCHMARK														
78/22	FAMILY	\$1,980.00		\$1,544.40	\$712.80	\$882.51	\$712.80		\$435.60	\$201.05	\$248.91	\$201.05		\$2,019.60
50/50	FAMILY (SS)	\$1,980.00		\$990.00	\$456.92	\$565.71	\$456.92		\$990.00	\$456.92	\$565.71	\$456.92		
78/22	INDIVIDUAL	\$736.00		\$574.08	\$264.96	\$328.05	\$264.96		\$161.92	\$74.73	\$92.53	\$74.73		\$750.72
50/50	INDIVIDUAL (SS)	\$736.00		\$368.00	\$169.85	\$210.29	\$169.85		\$368.00	\$169.85	\$210.29	\$169.85		
(SS) REPRESENTS SURVIVING SPOUSE														
*SCHOOL EMPLOYEES PAID ON 21 BI-WEEKLY P/R (5 BI-WEEKLY SUMMER DEDUCTIONS ARE INCLUDED IN THE RATES)														