

Town of Shrewsbury 2019 - 2020 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 | ___ \$189.97 | \$284.95 | 8260 | ___ \$189.97 | \$284.95 | 8261 | ___ \$189.97 | \$284.95 | 8264 | ___ \$235.20 | \$352.80 | 8263 |
| Family | ___ \$509.35 | \$764.03 | 8250 | ___ \$509.35 | \$764.03 | 8251 | ___ \$509.35 | \$764.03 | 8254 | ___ \$630.63 | \$945.94 | 8253 |
| Tufts | | | | | | | | | | | | |
| Individual | ___ \$191.08 | \$286.62 | 8280 | ___ \$191.08 | \$286.62 | 8281 | ___ \$191.08 | \$286.62 | 8284 | ___ \$236.57 | \$354.86 | 8283 |
| Family | ___ \$500.12 | \$750.18 | 8270 | ___ \$500.12 | \$750.18 | 8271 | ___ \$500.12 | \$750.18 | 8274 | ___ \$619.20 | \$928.80 | 8273 |
| HPHC | | | | | | | | | | | | |
| Individual | ___ \$178.89 | \$268.34 | 8230 | ___ \$178.89 | \$268.34 | 8231 | ___ \$178.89 | \$268.34 | 8234 | ___ \$221.49 | \$332.23 | 8233 |
| Family | ___ \$465.97 | \$698.95 | 8210 | ___ \$465.97 | \$698.95 | 8211 | ___ \$465.97 | \$698.95 | 8214 | ___ \$576.91 | \$865.37 | 8213 |
| Fallon Select | | | | | | | | | | | | |
| Individual | ___ \$93.96 | \$254.04 | 8330 | ___ \$93.96 | \$254.04 | 8331 | ___ \$93.96 | \$254.04 | 8334 | ___ \$116.33 | \$314.53 | 8333 |
| Family | ___ \$253.22 | \$684.63 | 8310 | ___ \$253.22 | \$684.63 | 8311 | ___ \$253.22 | \$684.63 | 8314 | ___ \$313.51 | \$847.63 | 8313 |
| Fallon Direct | | | | | | | | | | | | |
| Individual | ___ \$71.28 | \$252.72 | 8430 | ___ \$71.28 | \$252.72 | 8431 | ___ \$71.28 | \$252.72 | 8434 | ___ \$88.25 | \$312.89 | 8433 |
| Family | ___ \$191.91 | \$680.40 | 8410 | ___ \$191.91 | \$680.40 | 8411 | ___ \$191.91 | \$680.40 | 8414 | ___ \$237.60 | \$842.40 | 8413 |
| HDHP (HSA) Plans | | | | | | | | | | | | |
| | EMP | TOWN | | EMP | TOWN | | EMP | TOWN | | EMP | TOWN | |
| BC/BS | | | | | | | | | | | | |
| Individual | ___ \$153.42 | \$230.12 | 8051 | ___ \$153.42 | \$230.12 | 8061 | ___ \$153.42 | \$230.12 | 8071 | ___ \$189.94 | \$284.91 | 8081 |
| Family | ___ \$411.88 | \$617.82 | 8052 | ___ \$411.88 | \$617.82 | 8062 | ___ \$411.88 | \$617.82 | 8072 | ___ \$509.94 | \$764.91 | 8082 |
| Tufts | | | | | | | | | | | | |
| Individual | ___ \$147.88 | \$221.82 | 8053 | ___ \$147.88 | \$221.82 | 8063 | ___ \$147.88 | \$221.82 | 8073 | ___ \$183.09 | \$274.63 | 8083 |
| Family | ___ \$387.32 | \$580.98 | 8054 | ___ \$387.32 | \$580.98 | 8064 | ___ \$387.32 | \$580.98 | 8074 | ___ \$479.54 | \$719.31 | 8084 |
| HPHC | | | | | | | | | | | | |
| Individual | ___ \$138.46 | \$207.69 | 8055 | ___ \$138.46 | \$207.69 | 8065 | ___ \$138.46 | \$207.69 | 8075 | ___ \$171.43 | \$257.14 | 8085 |
| Family | ___ \$361.29 | \$541.94 | 8056 | ___ \$361.29 | \$541.94 | 8066 | ___ \$361.29 | \$541.94 | 8076 | ___ \$447.31 | \$670.97 | 8086 |
| Fallon Select | | | | | | | | | | | | |
| Individual | ___ \$79.13 | \$213.95 | 8057 | ___ \$79.13 | \$213.95 | 8067 | ___ \$79.13 | \$213.95 | 8077 | ___ \$97.97 | \$264.89 | 8087 |
| Family | ___ \$213.47 | \$577.15 | 8058 | ___ \$213.47 | \$577.15 | 8068 | ___ \$213.47 | \$577.15 | 8078 | ___ \$264.29 | \$714.57 | 8088 |
| Fallon Direct | | | | | | | | | | | | |
| Individual | ___ \$60.11 | \$213.12 | 8059 | ___ \$60.11 | \$213.12 | 8069 | ___ \$60.11 | \$213.12 | 8079 | ___ \$74.42 | \$263.86 | 8089 |
| Family | ___ \$161.95 | \$574.20 | 8060 | ___ \$161.95 | \$574.20 | 8070 | ___ \$161.95 | \$574.20 | 8080 | ___ \$200.51 | \$710.91 | 8090 |
| Indemnity Plans | | | | | | | | | | | | |
| | EMP | TOWN | | EMP | TOWN | | EMP | TOWN | | EMP | TOWN | |
| HPHC PPO | | | | | | | | | | | | |
| Individual | ___ \$602.77 | \$602.77 | 8160 | ___ \$602.77 | \$602.77 | 8161 | ___ \$602.77 | \$602.77 | 8164 | ___ \$746.29 | \$746.29 | 8163 |
| Family | ___ \$1,338.46 | \$1,338.46 | 8150 | ___ \$1,338.46 | \$1,338.46 | 8151 | ___ \$1,338.46 | \$1,338.46 | 8154 | ___ \$1,657.14 | \$1,657.14 | 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: _____