

2021 Monthly Employee Benefit Contributions



Beth Israel Lahey Health

MEDICAL	30+ Hours	20-29 Hours
Harvard Pilgrim – Domestic & Community HMO		
Employee Only	\$65.68	\$194.00
Employee + Spouse	\$162.16	\$842.67
Employee + Child(ren)	\$139.58	\$575.74
Employee + Family	\$268.24	\$927.49

Harvard Pilgrim – HMO Plus*		
Employee Only	\$160.31	\$411.32
Employee + Spouse	\$445.94	\$1,096.79
Employee + Child(ren)	\$381.04	\$834.82
Employee + Family	\$582.61	\$1,222.17

Harvard Pilgrim – Tiered POS		
Employee Only	\$217.78	\$461.50
Employee + Spouse	\$546.05	\$1,227.52
Employee + Child(ren)	\$473.95	\$935.23
Employee + Family	\$703.80	\$1,372.79

Harvard Pilgrim PPO (for currently enrolled plan members only)		
Employee Only	\$539.90	\$817.34
Employee + Spouse	\$1,408.87	\$2,076.68
Employee + Child(ren)	\$1,117.70	\$1,706.20
Employee + Family	\$1,686.61	\$2,326.33

*Including HMO Plus Out-of-Area Plan

DENTAL	30+ Hours	20-29 Hours
Delta Dental – Low Option		
Employee Only	\$17.82	\$20.55
Employee + Spouse	\$38.20	\$43.48
Employee + Child(ren)	\$37.91	\$40.58
Employee + Family	\$53.72	\$62.79

Delta Dental – High Option		
Employee Only	\$43.06	\$46.55
Employee + Spouse	\$89.41	\$96.14
Employee + Child(ren)	\$87.01	\$90.41
Employee + Family	\$129.53	\$141.11

VISION		
EyeMed	Low Option	High Option
Employee Only	\$4.45	\$8.59
Employee + Spouse	\$8.80	\$20.62
Employee + Child(ren)	\$8.80	\$17.19
Employee + Family	\$13.16	\$24.06

Questions?

Please contact the BILH Benefits Helpline by calling 888-402-1884 or emailing BILHbenefits@sentinelgroup.com.

Supplemental Life and Voluntary AD&D Contributions and Calculation Instructions

Supplemental Employee & Spouse Life Insurance Rates

Employee or Spouse Age	Monthly Rate per \$1,000 of Coverage
Under 25	\$0.040
25-29	\$0.050
30-34	\$0.060
35-39	\$0.070
40-44	\$0.080
45-49	\$0.110
50-54	\$0.180
55-59	\$0.325
60-64	\$0.470
65-69	\$0.960
70+	\$1.550

Supplemental Employee & Spouse Life Insurance

Use the steps below to calculate the estimated monthly premium for you and your spouse based on the amount of insurance elected; you can also find your rates on your benefits enrollment site.

Step 1: Enter the rate based on your age:	\$
Step 2: Take the amount of desired insurance coverage and divide it by 1,000: (EXAMPLE: For \$150,000 of coverage, enter \$150)	\$
Step 3: Multiply line 1 and 2 to get your monthly cost:	\$
Step 4: Repeat steps 1-3 for spouse if elected	\$

Voluntary Accidental Death & Dismemberment (AD&D) Insurance Rates

Coverage Levels	Monthly Rate per \$1,000 of Coverage
Employee	\$0.015
Spouse	\$0.025

Voluntary AD&D Insurance

Use the steps below to calculate the estimated monthly premium for you and your spouse based on the amount of insurance elected; you can also find your rates on your benefits enrollment site.

Step 1: Enter the rate per \$1,000:	\$
Step 2: Take the amount of desired insurance coverage and divide it by 1,000: (EXAMPLE: For \$150,000 of coverage, enter \$150)	\$
Step 3: Multiply line 1 and 2 to get your monthly cost:	\$
Step 4: Repeat steps 1 - 3 if you are covering spouse	\$

Child Life and AD&D Insurance Monthly Rates

Coverage Amount	Life	AD&D
\$10,000	\$1.200	\$0.250
\$15,000	\$1.800	\$0.375

Long-Term Disability Contribution

Long-Term Disability Buy-Up Rate - Per \$100 Monthly Covered Payroll

70% of monthly base pay

\$0.937

Voluntary Insurance Contributions

Critical Illness Low Plan

Age	EE Only	EE + Spouse	EE + Child	Family
Under 25	\$5.92	\$13.79	\$8.25	\$16.12
25-29	\$6.22	\$14.54	\$8.55	\$16.87
30-34	\$6.82	\$15.74	\$9.15	\$18.07
35-39	\$8.02	\$18.14	\$10.35	\$20.47
40-44	\$10.57	\$23.99	\$12.90	\$26.32
45-49	\$15.67	\$36.74	\$18.00	\$39.07
50-54	\$23.17	\$56.54	\$25.50	\$58.87
55-59	\$35.77	\$88.64	\$38.10	\$90.97
60-64	\$50.17	\$125.09	\$52.50	\$127.42
65-69	\$66.82	\$165.74	\$69.15	\$168.07
70+	\$92.77	\$222.44	\$95.10	\$224.77

Critical Illness High Plan

Age	EE Only	EE + Spouse	EE + Child	Family
Under 25	\$9.97	\$23.84	\$14.62	\$28.49
25-29	\$10.57	\$25.34	\$15.22	\$29.99
30-34	\$11.77	\$27.74	\$16.42	\$32.39
35-39	\$14.17	\$32.54	\$18.82	\$37.19
40-44	\$19.27	\$44.24	\$23.92	\$48.89
45-49	\$29.47	\$69.74	\$34.12	\$74.39
50-54	\$44.47	\$109.34	\$49.12	\$113.99
55-59	\$69.67	\$173.54	\$74.32	\$178.19
60-64	\$98.47	\$246.44	\$103.12	\$251.09
65-69	\$131.77	\$327.74	\$136.42	\$332.39
70+	\$183.67	\$441.14	\$188.32	\$445.79

Hospital Indemnity

EE Only

EE + Spouse

EE + Child

Family

\$12.10

\$20.69

\$19.37

\$27.96

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