

**Health and Dental Insurance Rates (\*)**

Effective July 1, 2023

**NEWLY SETTLED**

	Monthly Premium	City Share %	Monthly City Share	Monthly Employee	Weekly Deduction	Bi-Weekly Deduction	Semi-Monthly	<u>COBRA RATES</u>
<b>BCBS Blue Care Elect Preferred (PPO) - FOR OUT OF NEW ENGLAND MEMBERS ONLY</b>								
Individual	\$1,213.50	75%	\$910.13	\$303.38	\$70.01	\$140.02	\$151.69	\$1,237.77
Family	\$3,137.68	75%	\$2,353.26	\$784.42	\$181.02	\$362.04	\$392.21	\$3,200.43
<b>BCBS Network Blue New England</b>								
Individual	\$1,057.16	75%	\$792.87	\$264.29	\$60.99	\$121.98	\$132.15	\$1,078.30
Family	\$2,733.13	75%	\$2,049.85	\$683.28	\$157.68	\$315.36	\$341.64	\$2,787.79
<b>BCBS Network Blue Select</b>								
Individual	\$867.99	75%	\$650.99	\$217.00	\$50.08	\$100.15	\$108.50	\$885.35
Family	\$2,155.03	75%	\$1,616.27	\$538.76	\$124.33	\$248.66	\$269.38	\$2,198.13
<b>HPHC ChoiceNet HMO</b>								
Individual	\$930.29	75%	\$697.72	\$232.57	\$53.67	\$107.34	\$116.29	\$948.90
Family	\$2,309.71	75%	\$1,732.28	\$577.43	\$133.25	\$266.51	\$288.71	\$2,355.90
<b>HPHC Focus</b>								
Individual	\$718.30	75%	\$538.73	\$179.58	\$41.44	\$82.88	\$89.79	\$732.67
Family	\$1,804.43	75%	\$1,353.32	\$451.11	\$104.10	\$208.20	\$225.55	\$1,840.52
<b>HDHP Qualified HDHP w/ HSA</b>								
Individual	\$662.61	75%	\$496.96	\$165.65	\$38.23	\$76.46	\$82.83	\$675.86
Family	\$1,645.12	75%	\$1,233.84	\$411.28	\$94.91	\$189.82	\$205.64	\$1,678.02
<b>Altus Dental</b>	<b>High PLUS Option**</b>							<b>**ACTIVE EMPLOYEES ONLY</b>
Employee	\$47.99	0%	0	\$47.99	\$11.07	\$22.15	\$24.00	\$48.95
Family	\$144.96	0%	0	\$144.96	\$33.45	\$66.90	\$72.48	\$147.86
<b>Altus Dental</b>	<b>High Option</b>							
Employee/Retiree	\$44.15	0%	0	\$44.15	\$10.19	\$20.38	\$22.08	\$45.03
<b>Two Person*</b>	\$88.30	0%	0	\$88.30	\$20.38	\$40.75	\$44.15	\$90.07
Family	\$132.35	0%	0	\$132.35	\$30.54	\$61.08	\$66.18	\$135.00
<b>Altus Dental</b>	<b>Low Option</b>							
Employee/Retiree	37.36	0%	0	37.36	\$8.62	\$17.24	\$18.68	\$38.11
<b>Two Person*</b>	74.71	0%	0	74.71	\$17.24	\$34.48	\$37.36	\$76.20
Family	108.02	0%	0	108.02	\$24.93	\$49.86	\$54.01	\$110.18
<b>* ONLY RETIREES CAN HAVE A TWO PERSON DENTAL PLAN</b>								
<b>UnitedHealthcare Vision</b>								
Employee/Retiree	\$5.36	0%	0	\$5.36	\$1.24	\$2.47	\$2.68	\$5.47
Employ/Ret & Dependent	\$10.72	0%	0	\$10.72	\$2.47	\$4.95	\$5.36	\$10.93
Family	\$16.08	0%	0	\$16.08	\$3.71	\$7.42	\$8.04	\$16.40

**ALL PLANS - MANDATORY mail order for maintenance drugs**

**UNUM Optional Life Insurance - Age-bands**

Elect coverage in \$10,000 increments, the lesser of 3x your annual salary or \$500,000.

Calculate premium: Amount elected divided by 1,000, then multiply by the rate = monthly cost.

Employee - Age:	<30	30 - 34	35 - 39	40 - 44	45 - 49	50 - 54	55 - 59	60 - 64	65 - 69	70 - 74
Rate:	\$0.122	\$0.137	\$0.161	\$0.221	\$0.310	\$0.472	\$0.832	\$0.976	\$1.725	\$2.857
Spouse - Age:	<30	30 - 34	35 - 39	40 - 44	45 - 49	50 - 54	55 - 59	60 - 64	65 - 69	70 - 74
Rate:	\$0.092	\$0.107	\$0.131	\$0.191	\$0.280	\$0.442	\$0.802	\$0.946	\$1.695	\$2.827

(\*Listed premiums, plan designs, and contribution rates are subject to changes due to Collective Bargaining or by the authority of the City Manager when applicable.)