

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

Effective July 1, 2024

**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	\$1,230.92	75%	\$923.19	\$307.73	\$71.01	\$142.03	\$153.87	\$1,255.54
Family	\$3,182.73	75%	\$2,387.05	\$795.68	\$183.62	\$367.24	\$397.84	\$3,246.38
<b>BCBS Network Blue New England</b>								
Individual	\$1,072.34	75%	\$804.26	\$268.09	\$61.87	\$123.73	\$134.04	\$1,093.79
Family	\$2,772.36	75%	\$2,079.27	\$693.09	\$159.94	\$319.89	\$346.55	\$2,827.81
<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	\$943.64	75%	\$707.73	\$235.91	\$54.44	\$108.88	\$117.96	\$962.51
Family	\$2,342.86	75%	\$1,757.15	\$585.72	\$135.17	\$270.33	\$292.86	\$2,389.72
<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	\$635.82	75%	\$476.87	\$158.96	\$36.68	\$73.36	\$79.48	\$648.54
Family	\$1,578.62	75%	\$1,183.97	\$394.66	\$91.07	\$182.15	\$197.33	\$1,610.19
<b>BCBS Dental Blue Freedom - High PLUS Option**</b>							<b>**ACTIVE EMPLOYEES ONLY</b>	
Employee	\$45.08	0%	0	\$45.08	\$10.40	\$20.81	\$22.54	\$45.98
Family	\$136.17	0%	0	\$136.17	\$31.42	\$62.85	\$68.09	\$138.89
<b>BCBS Dental Blue Freedom - High Option</b>								
Employee/Retiree	\$41.47	0%	0	\$41.47	\$9.57	\$19.14	\$20.74	\$42.30
<b>Two Person*</b>	\$82.94	0%	0	\$82.94	\$19.14	\$38.28	\$41.47	\$84.60
Family	\$124.32	0%	0	\$124.32	\$28.69	\$57.38	\$62.16	\$126.81
<b>BCBS Dental Blue Freedom - Low Option</b>								
Employee/Retiree	\$35.10	0%	0	\$35.10	\$8.10	\$16.20	\$17.55	\$35.80
<b>Two Person*</b>	\$70.17	0%	0	\$70.17	\$16.19	\$32.39	\$35.09	\$71.57
Family	\$101.46	0%	0	\$101.46	\$23.41	\$46.83	\$50.73	\$103.49
<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.)