

Health and Dental Insurance Rates (*)

Effective July 1, 2020

NEW SETTLED

	Monthly Premium	City Share %	Monthly City Share	Monthly Employee Share	Weekly Deduction	Bi-Weekly Deduction	Semi Monthly Deduction	COBRA RATES
BCBS Blue Care Elect Preferred (PPO) - For out of New England members only								
Individual	\$1,017.73	75%	\$763.30	\$254.43	\$58.72	\$117.43	\$127.22	\$1,038.08
Family	\$2,631.50	75%	\$1,973.63	\$657.88	\$151.82	\$303.63	\$328.94	\$2,684.13
BCBS Network Blue New England								
Individual	\$901.67	75%	\$676.25	\$225.42	\$52.02	\$104.04	\$112.71	\$919.70
Family	\$2,331.13	75%	\$1,748.35	\$582.78	\$134.49	\$268.98	\$291.39	\$2,377.75
City of Worcester - DIRECT - HMO								
Individual	\$613.85	75%	\$460.39	\$153.46	\$35.41	\$70.83	\$76.73	\$626.13
Family	\$1,542.05	75%	\$1,156.54	\$385.51	\$88.96	\$177.93	\$192.76	\$1,572.89
City of Worcester Advantage - HMO								
Individual	\$758.10	75%	\$568.58	\$189.53	\$43.74	\$87.47	\$94.76	\$773.26
Family	\$1,882.21	75%	\$1,411.66	\$470.55	\$108.59	\$217.18	\$235.28	\$1,919.85
City Advantage Qualified HDHP with HSA								
Individual	\$549.78	75%	\$412.34	\$137.45	\$31.72	\$63.44	\$68.72	\$560.78
Family	\$1,365.00	75%	\$1,023.75	\$341.25	\$78.75	\$157.50	\$170.63	\$1,392.30

**Altus Dental	Option 1 - High PLUS	** ACTIVE EMPLOYEES ONLY						
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
Altus Dental	Option 2 - High							
Employee/Retiree	\$44.15	0%	0	\$44.15	\$10.19	\$20.38	\$22.08	\$45.03
*Two Person	\$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
Altus Dental	Option 3 - Low							
Employee/Retiree	37.36	0%	0	37.36	\$8.62	\$17.24	\$18.68	\$38.11
*Two Person	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

*** ONLY Retirees can have a 2-Person Dental Plan**

UnitedHealthcare Vision

Employee/Retiree		0%	0	\$5.36	\$1.24	\$2.47	\$2.68	\$5.47
Employ/Ret & Dependent		0%	0	\$10.72	\$2.47	\$4.95	\$5.36	\$10.93
Family		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:	\$0.12	\$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.)