

Health and Dental Insurance Rates (\*)

Effective July 1, 2016

## Settled, Non-Represented and Retirees

\*\*Blue Care Elect Preferred (PPO) - \$40 IN/20% co-insurance after deductible OON (PCP & SP), \$10/\$25/\$50 Ret Rx; \$20/\$50/\$150 MO Rx

\*\*Network Blue New England - \$20/\$30/\$40PCP/\$40SP, \$10/\$25/\$50 Ret Rx; \$20/\$50/\$150 MO Rx, \$100 ER, \$150/\$150/\$500 OP\*, \$150/\$150/\$500 IP\*

\*\*City of Worcester Advantage - \$20&\$25PCP/\$30&\$35SP, \$10/\$25/\$50 Ret Rx; \$20/\$50/\$150 MO Rx, \$100 ER, \$150/\$300 OP\*, \$250/\$500 IP\*

\*\*City of Worcester Direct - \$20PCP/\$30SP, \$10/\$25/\$50 Ret Rx; \$20/\$50/\$150 MO Rx, \$100 ER, \$100 OP\*, \$200 IP\*

	Monthly Premium	City Share %	Monthly City Share	Monthly Employee Share	Weekly Deduction	Bi-Weekly Deduction	Semi Monthly Deduction	COBRA RATES
<b>BCBS Blue Care Elect Preferred (PPO) - For out of New England members only</b>								
Individual	\$843.77	75%	\$632.83	\$210.94	\$48.68	\$97.36	\$105.47	\$860.65
Family	\$2,181.71	75%	\$1,636.28	\$545.43	\$125.87	\$251.74	\$272.71	\$2,225.34
<b>BCBS Network Blue New England</b>								
Individual	\$803.19	75%	\$602.39	\$200.80	\$46.34	\$92.68	\$100.40	\$819.25
Family	\$2,076.53	75%	\$1,557.40	\$519.13	\$119.80	\$239.60	\$259.57	\$2,118.06
<b>City of Worcester - DIRECT - HMO</b>								
Individual	\$528.13	75%	\$396.10	\$132.03	\$30.47	\$60.94	\$66.02	\$538.69
Family	\$1,341.89	75%	\$1,006.42	\$335.47	\$77.42	\$154.83	\$167.74	\$1,368.73
<b>City of Worcester Advantage - HMO</b>								
Individual	\$659.69	75%	\$494.77	\$164.92	\$38.06	\$76.12	\$82.46	\$672.88
Family	\$1,637.90	75%	\$1,228.43	\$409.48	\$94.49	\$188.99	\$204.74	\$1,670.66
<b>Altus Dental Option 1 - High</b>								
Employee/Retiree	\$41.42	0%	0	\$41.42	\$9.56	\$19.12	\$20.71	\$42.25
<b>Two Person</b>	\$82.83	0%	0	\$82.83	\$19.11	\$38.23	\$41.42	\$84.49
Family	\$124.15	0%	0	\$124.15	\$28.65	\$57.30	\$62.08	\$126.63
<b>Altus Dental Option 2 - Low</b>								
Employee/Retiree	\$36.27	0%	0	\$36.27	\$8.37	\$16.74	\$18.14	\$37.00
<b>Two Person</b>	\$72.53	0%	0	\$72.53	\$16.74	\$33.48	\$36.27	\$73.98
Family	\$104.87	0%	0	\$104.87	\$24.20	\$48.40	\$52.44	\$106.97
<b>* ONLY Retirees can have a 2-Person Dental Plan</b>								
<b>UnitedHealthcare Vision</b>								
Employee/Retiree	\$5.21	0%	0	\$5.21	\$1.20	\$2.40	\$2.61	\$5.31
Employ/Ret & Dependent	\$10.42	0%	0	\$10.42	\$2.40	\$4.81	\$5.21	\$10.63
Family	\$15.64	0%	0	\$15.64	\$3.61	\$7.22	\$7.82	\$15.95

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

You can 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

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

(\*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.)