

Health and Dental Insurance Rates (*)

Effective July 1, 2016

Non-Settled Unions

Blue Care Elect Preferred (PPO) - \$35 IN/20% co-insurance after deductible OON (PCP & SP), \$10/\$25/\$45 Ret Rx; \$20/\$50/\$135 MO Rx

Network Blue New England - \$15/\$25/\$35PCP/\$35SP, \$10/\$25/\$45 Ret Rx; \$20/\$50/\$135 MO Rx, \$100 ER, \$150/\$150/\$500 OP*, \$150/\$150/\$500 IP*

City of Worcester Advantage - \$15&\$20PCP/\$25&\$30SP, \$10/\$25/\$45 Ret Rx; \$20/\$50/\$135 MO Rx, \$100 ER, \$150/\$300 OP*, \$250/\$500 IP*

City of Worcester Direct - \$15PCP/\$25SP, \$10/\$25/\$45 Ret Rx; \$20/\$50/\$135 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
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BCBS Blue Care Elect Preferred (PPO) - For out of New England members only

Individual	\$916.53	75%	\$687.40	\$229.13	\$52.88	\$105.75	\$114.57	\$934.86
Family	\$2,369.85	75%	\$1,777.39	\$592.46	\$136.72	\$273.44	\$296.23	\$2,417.25

BCBS Network Blue New England

Individual	\$872.45	75%	\$654.34	\$218.11	\$50.33	\$100.67	\$109.06	\$889.90
Family	\$2,255.60	75%	\$1,691.70	\$563.90	\$130.13	\$260.26	\$281.95	\$2,300.71

City of Worcester - DIRECT - HMO

Individual	\$573.40	75%	\$430.05	\$143.35	\$33.08	\$66.16	\$71.68	\$584.87
Family	\$1,456.91	75%	\$1,092.68	\$364.23	\$84.05	\$168.11	\$182.11	\$1,486.05

City of Worcester Advantage - HMO

Individual	\$716.24	75%	\$537.18	\$179.06	\$41.32	\$82.64	\$89.53	\$730.56
Family	\$1,778.30	75%	\$1,333.73	\$444.58	\$102.59	\$205.19	\$222.29	\$1,813.87

Altus Dental Option 1 - High

Employee/Retiree	\$41.42	0%	0	\$41.42	\$9.56	\$19.12	\$20.71	\$42.25
Two Person	\$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

Altus Dental Option 2 - Low

Employee/Retiree	\$36.27	0%	0	\$36.27	\$8.37	\$16.74	\$18.14	\$37.00
Two Person	\$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

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

UnitedHealthcare Vision

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

(*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.)