

Health and Dental Insurance Rates (*)

Effective July 1, 2020

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	\$1,049.20	75%	\$786.90	\$262.30	\$60.53	\$121.06	\$131.15	\$1,070.18
Family	\$2,712.89	75%	\$2,034.67	\$678.22	\$156.51	\$313.03	\$339.11	\$2,767.15
BCBS Network Blue New England								
Individual	\$980.07	75%	\$735.05	\$245.02	\$56.54	\$113.09	\$122.51	\$999.67
Family	\$2,533.84	75%	\$1,900.38	\$633.46	\$146.18	\$292.37	\$316.73	\$2,584.52
City of Worcester - DIRECT - HMO								
Individual	\$645.64	75%	\$484.23	\$161.41	\$37.25	\$74.50	\$80.71	\$658.55
Family	\$1,640.48	75%	\$1,230.36	\$410.12	\$94.64	\$189.29	\$205.06	\$1,673.29
City of Worcester Advantage - HMO								
Individual	\$806.48	75%	\$604.86	\$201.62	\$46.53	\$93.06	\$100.81	\$822.61
Family	\$2,002.36	75%	\$1,501.77	\$500.59	\$115.52	\$231.04	\$250.30	\$2,042.41
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 <u>ACTIVE EMPLOYEES ONLY</u>								
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
<u>*ONLY Retirees can have a 2-Person Dental Plan</u>								
UnitedHealthcare Vision								
Employee/Retiree	\$5.36	0%	0	\$5.36	\$1.24	\$2.47	\$2.68	\$5.47
Employ/Ret & Dependents	\$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**

(*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.)

THE FOLLOWING GROUPS ARE COVERED UNDER THIS PLAN DESIGN: Parenthesis indicate CBU