

Health and Dental Insurance Rates (\*)

Effective July 1, 2019

**NEW SETTLED**

	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	\$943.29	75%	\$707.47	\$235.82	\$54.42	\$108.84	\$117.91	\$962.16
Family	\$2,439.03	75%	\$1,829.27	\$609.76	\$140.71	\$281.43	\$304.88	\$2,487.81
<b>BCBS Network Blue New England</b>								
Individual	\$835.72	75%	\$626.79	\$208.93	\$48.21	\$96.43	\$104.47	\$852.43
Family	\$2,160.63	75%	\$1,620.47	\$540.16	\$124.65	\$249.30	\$270.08	\$2,203.84
<b>City of Worcester - DIRECT - HMO</b>								
Individual	\$568.95	75%	\$426.71	\$142.24	\$32.82	\$65.65	\$71.12	\$580.33
Family	\$1,429.26	75%	\$1,071.95	\$357.32	\$82.46	\$164.91	\$178.66	\$1,457.85
<b>City of Worcester Advantage - HMO</b>								
Individual	\$702.65	75%	\$526.99	\$175.66	\$40.54	\$81.08	\$87.83	\$716.70
Family	\$1,744.54	75%	\$1,308.41	\$436.14	\$100.65	\$201.29	\$218.07	\$1,779.43
<b>City Advantage Qualified HDHP with HSA</b>								
Individual	\$536.37	75%	\$402.28	\$134.09	\$30.94	\$61.89	\$67.05	\$547.10
Family	1331.71	75%	\$998.78	\$332.93	\$76.83	\$153.66	\$166.46	\$1,358.34

**Altus Dental	Option 1 - High PLUS	<b>** ACTIVE EMPLOYEES ONLY</b>						
Employee	0%	0	\$46.14	\$10.65	\$21.30	\$23.07	\$47.06	
Family	0%	0	\$139.38	\$32.16	\$64.33	\$69.69	\$142.17	

Altus Dental	Option 2 - High							
Employee/Retiree	0%	0	\$42.66	\$9.84	\$19.69	\$21.33	\$43.51	
<b>*Two Person</b>	0%	0	\$85.31	\$19.69	\$39.37	\$42.66	\$87.02	
Family	0%	0	\$127.87	\$29.51	\$59.02	\$63.94	\$130.43	

Altus Dental	Option 3 - Low							
Employee/Retiree	0%	0	37.36	\$8.62	\$17.24	\$18.68	\$38.11	
<b>*Two Person</b>	0%	0	74.71	\$17.24	\$34.48	\$37.36	\$76.20	
Family	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.)