Health and Dental Insurance Rates (*)

Effective July 1, 2022

NEW SETTLED										
	Monthly Premium	City Share %	Monthy City Share	Monthly Employee	Weekly Deduction	Bi-Weekly Deduction	Semi- Monthly	COBRA RATES		
BCBS Blue Care Elect Pre	eferred (PPO)	FOR OUT O	F NEW ENGI	AND MEMB	BERS ONLY					
Individual	\$1,162.94	75%	\$872.21	\$290.74	\$67.09	\$134.19	\$145.37	\$1,186.20		
Family	\$3,006.96	75%	\$2,255.22	\$751.74	\$173.48	\$346.96	\$375.87	\$3,067.10		
BCBS Network Blue New	England									
ndividual	\$1,013.12	75%	\$759.84	\$253.28	\$58.45	\$116.90	\$126.64	\$1,033.38		
Family	\$2,619.26	75%	\$1,964.45	\$654.82	\$151.11	\$302.22	\$327.41	\$2,671.65		
BCBS Network Blue Selec	et									
ndividual	\$831.83	75%	\$623.87	\$207.96	\$47.99	\$95.98	\$103.98	\$848.47		
amily	\$2,065.25	75%	\$1,548.94	\$516.31	\$119.15	\$238.30	\$258.16	\$2,106.56		
IPHC ChoiceNet HMO										
ndividual	\$891.53	75%	\$668.65	\$222.88	\$51.43	\$102.87	\$111.44	\$909.36		
amily	\$2,213.48	75%	\$1,660.11	\$553.37	\$127.70	\$255.40	\$276.69	\$2,257.75		
HPHC Focus										
ndividual	\$688.37	75%	\$516.28	\$172.09	\$39.71	\$79.43	\$86.05	\$702.14		
amily	\$1,729.25	75%	\$1,296.94	\$432.31	\$99.76	\$199.53	\$216.16	\$1,763.84		
IDHP Qualified HDHP	w/ HSA									
ndividual	\$635.00	75%	\$476.25	\$158.75	\$36.63	\$73.27	\$79.38	\$647.70		
amily	\$1,576.58	75%	\$1,182.44	\$394.15	\$90.96	\$181.91	\$197.07	\$1,608.11		
Altus Dental	High PLUS	Option**					**ACTIVI	E EMPLOYEES ONI		
Employee	\$ 47.99	0%	0	\$47.99	\$11.07	\$22.15	\$24.00	\$48.95		
amily	\$144.96	0%	0	\$144.96	\$33.45	\$66.90	\$72.48	\$147.86		
ltus Dental	High Option	1								
Employee/Retiree	\$44.15	0%	0	\$44.15	\$10.19	\$20.38	\$22.08	\$45.03		
'wo Person*	\$88.30	0%	0	\$88.30	\$20.38	\$40.75	\$44.15	\$90.07		
amily	\$132.35	0%	0	\$132.35	\$30.54	\$61.08	\$66.18	\$135.00		
ltus Dental	Low Option									
Employee/Retiree	37.36	0%	0	37.36	\$8.62	\$17.24	\$18.68	\$38.11		
'wo Person*	74.71	0%	0	74.71	\$17.24	\$34.48	\$37.36	\$76.20		
amily	108.02	0%	0	108.02	\$24.93	\$49.86	\$54.01	\$110.18		
				<u>* O1</u>	NLY RETIRE	ES CAN HAVI	E A TWO PER	RSON DENTAL PLA		
JnitedHealthcare Vision										
Employee/Retiree	\$5.36	0%	0	\$5.36	\$1.24	\$2.47	\$2.68	\$5.47		
Employ/Ret & Dependent	\$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

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	e - 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