

Health and Dental Insurance Rates (*)

Effective July 1, 2022

SETTLED

	Monthly Premium	City Share %	Monthly City Share	Monthly Employee	Weekly Deduction	Bi-Weekly Deduction	Semi-Monthly	COBRA RATES
BCBS Blue Care Elect Preferred (PPO) - FOR OUT OF NEW ENGLAND MEMBERS ONLY								
Individual	\$1,198.90	75%	\$899.18	\$299.73	\$69.17	\$138.33	\$149.86	\$1,222.88
Family	\$3,099.96	75%	\$2,324.97	\$774.99	\$178.84	\$357.69	\$387.50	\$3,161.96
BCBS Network Blue New England								
Individual	\$1,101.21	75%	\$825.91	\$275.30	\$63.53	\$127.06	\$137.65	\$1,123.23
Family	\$2,847.02	75%	\$2,135.27	\$711.76	\$164.25	\$328.50	\$355.88	\$2,903.96
BCBS Network Blue Select								
Individual	\$884.91	75%	\$663.68	\$221.23	\$51.05	\$102.11	\$110.61	\$902.61
Family	\$2,197.09	75%	\$1,647.82	\$549.27	\$126.76	\$253.51	\$274.64	\$2,241.03
HPHC ChoiceNet HMO								
Individual	\$948.42	75%	\$711.32	\$237.11	\$54.72	\$109.43	\$118.55	\$967.39
Family	\$2,354.78	75%	\$1,766.09	\$588.70	\$135.85	\$271.71	\$294.35	\$2,401.88
HPHC Focus								
Individual	\$724.02	75%	\$543.02	\$181.01	\$41.77	\$83.54	\$90.50	\$738.50
Family	\$1,839.63	75%	\$1,379.72	\$459.91	\$106.13	\$212.27	\$229.95	\$1,876.42
HDHP Qualified HDHP w/ HSA								
Individual	\$635.00	75%	\$476.25	\$158.75	\$36.63	\$73.27	\$79.38	\$647.70
Family	\$1,576.58	75%	\$1,182.44	\$394.15	\$90.96	\$181.91	\$197.07	\$1,608.11
Altus Dental High PLUS Option**								
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 High Option								
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 Low Option								
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
* ONLY RETIREES CAN HAVE A TWO PERSON DENTAL PLAN								
UnitedHealthcare 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 - 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.)