

Health and Dental Insurance Rates (*)

Effective July 1, 2025

	Monthly Premium	City Share %	Monthly City Share	Monthly Employee	Weekly Deduction	Bi-Weekly Deduction	Semi-Monthly	<u>COBRA RATES</u>
BCBS Blue Care Elect Preferred (PPO) - FOR OUT OF NEW ENGLAND MEMBERS ONLY								
Individual	\$1,285.82	75%	\$964.37	\$321.46	\$74.18	\$148.36	\$160.73	\$1,311.54
Family	\$3,324.68	75%	\$2,493.51	\$831.17	\$191.81	\$383.62	\$415.59	\$3,391.17
BCBS Network Blue New England								
Individual	\$1,154.91	75%	\$866.18	\$288.73	\$66.63	\$133.26	\$144.36	\$1,178.01
Family	\$2,985.84	75%	\$2,239.38	\$746.46	\$172.26	\$344.52	\$373.23	\$3,045.56
BCBS Network Blue Select								
Individual	\$934.83	75%	\$701.12	\$233.71	\$53.93	\$107.87	\$116.85	\$953.53
Family	\$2,320.97	75%	\$1,740.73	\$580.24	\$133.90	\$267.80	\$290.12	\$2,367.39
HPHC ChoiceNet HMO								
Individual	\$1,004.51	75%	\$753.38	\$251.13	\$57.95	\$115.91	\$125.56	\$1,024.60
Family	\$2,493.98	75%	\$1,870.49	\$623.50	\$143.88	\$287.77	\$311.75	\$2,543.86
HPHC Focus								
Individual	\$750.33	75%	\$562.75	\$187.58	\$43.29	\$86.58	\$93.79	\$765.34
Family	\$1,884.90	75%	\$1,413.68	\$471.23	\$108.74	\$217.49	\$235.61	\$1,922.60
HDHP Qualified HDHP w/ HSA								
Individual	\$664.18	75%	\$498.14	\$166.05	\$38.32	\$76.64	\$83.02	\$677.46
Family	\$1,649.03	75%	\$1,236.77	\$412.26	\$95.14	\$190.27	\$206.13	\$1,682.01
BCBS Dental Blue Freedom - High PLUS Option**							**ACTIVE EMPLOYEES ONLY	
Employee	\$45.08	0%	0	\$45.08	\$10.40	\$20.81	\$22.54	\$45.98
Family	\$136.17	0%	0	\$136.17	\$31.42	\$62.85	\$68.09	\$138.89
BCBS Dental Blue Freedom - High Option								
Employee/Retiree	\$41.47	0%	0	\$41.47	\$9.57	\$19.14	\$20.74	\$42.30
Two Person*	\$82.94	0%	0	\$82.94	\$19.14	\$38.28	\$41.47	\$84.60
Family	\$124.32	0%	0	\$124.32	\$28.69	\$57.38	\$62.16	\$126.81
BCBS Dental Blue Freedom - Low Option								
Employee/Retiree	\$35.10	0%	0	\$35.10	\$8.10	\$16.20	\$17.55	\$35.80
Two Person*	\$70.17	0%	0	\$70.17	\$16.19	\$32.39	\$35.09	\$71.57
Family	\$101.46	0%	0	\$101.46	\$23.41	\$46.83	\$50.73	\$103.49
* ONLY RETIREES CAN HAVE A TWO PERSON DENTAL PLAN								
UnitedHealthcare Vision								
Employee/Retiree	\$4.98	0%	0	\$4.98	\$1.15	\$2.30	\$2.49	\$5.08
Employ/Ret & Dependent	\$9.97	0%	0	\$9.97	\$2.30	\$4.60	\$4.99	\$10.17
Family	\$14.95	0%	0	\$14.95	\$3.45	\$6.90	\$7.48	\$15.25

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.)