

Health and Dental Insurance Rates (*)

Effective July 1, 2023

SETTLED

	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	\$1,251.02	75%	\$938.27	\$312.76	\$72.17	\$144.35	\$156.38	\$1,276.04
Family	\$3,234.73	75%	\$2,426.05	\$808.68	\$186.62	\$373.24	\$404.34	\$3,299.42
BCBS Network Blue New England								
Individual	\$1,149.08	75%	\$861.81	\$287.27	\$66.29	\$132.59	\$143.64	\$1,172.06
Family	\$2,970.79	75%	\$2,228.09	\$742.70	\$171.39	\$342.78	\$371.35	\$3,030.21
BCBS Network Blue Select								
Individual	\$923.38	75%	\$692.54	\$230.85	\$53.27	\$106.54	\$115.42	\$941.85
Family	\$2,292.60	75%	\$1,719.45	\$573.15	\$132.27	\$264.53	\$286.58	\$2,338.45
HPHC ChoiceNet HMO								
Individual	\$989.65	75%	\$742.24	\$247.41	\$57.10	\$114.19	\$123.71	\$1,009.44
Family	\$2,457.15	75%	\$1,842.86	\$614.29	\$141.76	\$283.52	\$307.14	\$2,506.29
HPHC Focus								
Individual	\$755.50	75%	\$566.63	\$188.88	\$43.59	\$87.17	\$94.44	\$770.61
Family	\$1,919.60	75%	\$1,439.70	\$479.90	\$110.75	\$221.49	\$239.95	\$1,957.99
HDHP Qualified HDHP w/ HSA								
Individual	\$662.61	75%	\$496.96	\$165.65	\$38.23	\$76.46	\$82.83	\$675.86
Family	\$1,645.12	75%	\$1,233.84	\$411.28	\$94.91	\$189.82	\$205.64	\$1,678.02
Altus Dental High PLUS Option** **ACTIVE EMPLOYEES ONLY								
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
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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.)