

Health and Dental Insurance Rates (*)

Effective July 1, 2024

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	\$1,268.98	75%	\$951.74	\$317.25	\$73.21	\$146.42	\$158.62	\$1,294.36
Family	\$3,281.16	75%	\$2,460.87	\$820.29	\$189.30	\$378.60	\$410.15	\$3,346.78
BCBS Network Blue New England								
Individual	\$1,165.58	75%	\$874.19	\$291.40	\$67.25	\$134.49	\$145.70	\$1,188.89
Family	\$3,013.44	75%	\$2,260.08	\$753.36	\$173.85	\$347.70	\$376.68	\$3,073.71
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	\$1,003.86	75%	\$752.90	\$250.97	\$57.92	\$115.83	\$125.48	\$1,023.94
Family	\$2,492.42	75%	\$1,869.32	\$623.11	\$143.79	\$287.59	\$311.55	\$2,542.27
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	\$635.82	75%	\$476.87	\$158.96	\$36.68	\$73.36	\$79.48	\$648.54
Family	\$1,578.62	75%	\$1,183.97	\$394.66	\$91.07	\$182.15	\$197.33	\$1,610.19
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	\$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.)