

**Town of West Boylston**  
**New Health Insurance Premium Rates - MLP EMPLOYEES**  
**Effective July 1, 2019 - June 30, 2020**

**Fallon Health Plan**

<b><u>Fallon Select HMO - Family (\$250/500 Deductible)</u></b>	<b><u>20%</u></b>
Total Monthly Premium Cost	\$2,283.71
Employee/Pre-65 Retiree Monthly Cost	\$456.74
Bi-Weekly Payroll Deduction Amount	\$228.37
<b><u>Fallon Select HMO - Individual (\$250 Deductible)</u></b>	<b><u>20%</u></b>
Total Monthly Premium Cost	\$885.15
Employee/Pre-65 Retiree Monthly Cost	\$177.03
Bi-Weekly Payroll Deduction Amount	\$88.52
<b><u>Fallon "DIRECT" HMO - Family (No Deductible)</u></b>	<b><u>20%</u></b>
Total Monthly Premium Cost	\$1,983.23
Employee/Pre-65 Retiree Monthly Cost	\$396.65
Bi-Weekly Payroll Deduction Amount	\$198.33
<b><u>Fallon "DIRECT" HMO - Individual (No Deductible)</u></b>	<b><u>20%</u></b>
Total Monthly Premium Cost	\$768.69
Employee/Pre-65 Retiree Monthly Cost	\$153.74
Bi-Weekly Payroll Deduction Amount	\$76.87
<b><u>Fallon PPO (MultiPlan/PHCS) - Family (*)</u></b>	<b><u>40%</u></b>
Total Monthly Premium Cost	\$3,828.00
Employee/Pre-65 Retiree Monthly Cost	\$1,531.20
Bi-Weekly Payroll Deduction Amount	\$765.60
<b><u>Fallon PPO (MultiPlan/PHCS) - Individual (*)</u></b>	<b><u>40%</u></b>
Total Monthly Premium Cost	\$1,483.70
Employee/Pre-65 Retiree Monthly Cost	\$593.48
Bi-Weekly Payroll Deduction Amount	\$296.74

(\*) \$250/\$500 Deductible "In-Network"; \$500/\$1,000 Deductible "Out-of-Network"

**Altus Dental - ONE PLAN with Child Orthodontia**

**All Employees / Retirees**  
**100% Employee / Retiree Paid**

<b><u>Family</u></b>	<b>"Total" Employee / Retiree Monthly Cost (<u>100%</u>)</b>	\$157.37
	<b>Bi-Weekly Payroll Deduction Amount</b>	\$78.69
<b><u>2-Person</u></b>	<b>"Total" Employee / Retiree Monthly Cost (<u>100%</u>)</b>	\$109.22
	<b>Bi-Weekly Payroll Deduction Amount</b>	\$54.61
<b><u>Individual</u></b>	<b>"Total" Employee / Retiree Monthly Cost (<u>100%</u>)</b>	\$54.61
	<b>Bi-Weekly Payroll Deduction Amount</b>	\$27.31