

Town of West Boylston
New Health Insurance Premium Rates - SCHOOL EMPLOYEES (12 Month Rates)
Effective July 1, 2019 - June 30, 2020

Fallon Health Plan

Hired on / > 8/26/2013

Fallon Select HMO - Family (\$250/\$500 Deductible)

20%

30%

Total Monthly Premium Cost	\$2,283.71	\$2,283.71
Employee/Pre-65 Retiree Monthly Cost	\$456.74	\$685.11
Bi-Weekly Payroll Deduction Amount	\$228.37	\$342.56

Fallon Select HMO - Individual (\$250 Deductible)

20%

30%

Total Monthly Premium Cost	\$885.15	\$885.15
Employee/Pre-65 Retiree Monthly Cost	\$177.03	\$265.55
Bi-Weekly Payroll Deduction Amount	\$88.52	\$132.78

Fallon "DIRECT" HMO - Family (No Deductible)

20%

30%

Total Monthly Premium Cost	\$1,983.23	\$1,983.23
Employee/Pre-65 Retiree Monthly Cost	\$396.65	\$594.97
Bi-Weekly Payroll Deduction Amount	\$198.33	\$297.49

Fallon "DIRECT" HMO - Individual (No Deductible)

20%

30%

Total Monthly Premium Cost	\$768.69	\$768.69
Employee/Pre-65 Retiree Monthly Cost	\$153.74	\$230.61
Bi-Weekly Payroll Deduction Amount	\$76.87	\$115.31

Fallon PPO (MultiPlan/PHCS) - Family (*)

35%

35%

Total Monthly Premium Cost	\$3,828.00	\$3,828.00
Employee/Pre-65 Retiree Monthly Cost	\$1,339.80	\$1,339.80
Bi-Weekly Payroll Deduction Amount	\$669.90	\$669.90

Fallon PPO (MultiPlan/PHCS) - Individual (*)

35%

35%

Total Monthly Premium Cost	\$1,483.70	\$1,483.70
Employee/Pre-65 Retiree Monthly Cost	\$519.30	\$519.30
Bi-Weekly Payroll Deduction Amount	\$259.65	\$259.65

(*) \$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

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