

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

Fallon Health Plan

<u>Fallon Select HMO - Family (\$250/\$500 Deductible)</u>	<u>10%</u>
Total Monthly Premium Cost	\$2,283.71
Employee/Pre-65 Retiree Monthly Cost	\$228.37
Bi-Weekly Payroll Deduction Amount	\$114.19
<u>Fallon Select HMO - Individual (\$250 Deductible)</u>	<u>10%</u>
Total Monthly Premium Cost	\$885.15
Employee/Pre-65 Retiree Monthly Cost	\$88.52
Bi-Weekly Payroll Deduction Amount	\$44.26
<u>Fallon "DIRECT" HMO - Family (No Deductible)</u>	<u>10%</u>
Total Monthly Premium Cost	\$1,983.23
Employee/Pre-65 Retiree Monthly Cost	\$198.32
Bi-Weekly Payroll Deduction Amount	\$99.16
<u>Fallon "DIRECT" HMO - Individual (No Deductible)</u>	<u>10%</u>
Total Monthly Premium Cost	\$768.69
Employee/Pre-65 Retiree Monthly Cost	\$76.87
Bi-Weekly Payroll Deduction Amount	\$38.44
<u>Fallon PPO (MultiPlan/PHCS) - Family (*)</u>	<u>25%</u>
Total Monthly Premium Cost	\$3,828.00
Employee/Pre-65 Retiree Monthly Cost	\$957.00
Bi-Weekly Payroll Deduction Amount	\$478.50
<u>Fallon PPO (MultiPlan/PHCS) - Individual (*)</u>	<u>25%</u>
Total Monthly Premium Cost	\$1,483.70
Employee/Pre-65 Retiree Monthly Cost	\$370.93
Bi-Weekly Payroll Deduction Amount	\$185.47

(*) \$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