

TOWN OF WEST BOYLSTON
BCBSMA DEDUCTIBLE PLANS - JULY 1, 2023 THRU JUNE 30, 2024
EMPLOYEE RESPONSIBILITY - TASC HRA RESPONSIBILITY

	<u>BCBSMA BASE PLAN</u>	WHO PAYS?	
		<u>EMPLOYEE RESPONSIBILITY</u>	<u>TASC HRA RESPONSIBILITY</u>
<u>HMO BLUE SELECT</u> <i>(Limited Network)</i> INDIVIDUAL FAMILY	\$1,500 \$3,000 <i>(No more than \$1,500 per person)</i>	\$250 \$500 <i>(No more than \$250 per person)</i>	\$1,250 \$2,500 <i>(No more than \$1,250 per person)</i>
<u>HMO BLUE NE</u> INDIVIDUAL FAMILY	\$1,500 \$3,000 <i>(No more than \$1,500 per person)</i>	\$500 \$1,000 <i>(No more than \$500 per person)</i>	\$1,000 \$2,000 <i>(No more than \$1,000 per person)</i>
<u>BLUE CARE ELECT PPO</u> <i>(In-Network)</i> INDIVIDUAL FAMILY	\$1,500 \$3,000 <i>(No more than \$1,500 per person)</i>	\$500 \$1,000 <i>(No more than \$500 per person)</i>	\$1,000 \$2,000 <i>(No more than \$1,000 per person)</i>
<u>BLUE CARE ELECT PPO</u> <i>(Out-of-Network)</i> INDIVIDUAL FAMILY	\$3,000 \$6,000 <i>(No more than \$1,500 per person)</i>	\$1,000 \$2,000 <i>(No more than \$1,000 per person)</i>	\$2,000 \$4,000 <i>(No more than \$2,000 per person)</i>