

Town of West Boylston
New Health Insurance Premium Rates - SCHOOL EMPLOYEES (10 Month Rates)
Effective July 1, 2022 - June 30, 2023

MIIA Blue Cross Blue Shield of Massachusetts

Ee's Hired < 3/1/2010

Hired on/ > 8/26/2013

MIIA HMO Blue New England Family (\$500/\$1000 Deductible)

20%

30%

Total Monthly Premium Cost

\$2,422.87

\$2,422.87

Employee Monthly Cost

\$484.57

\$726.86

Bi-Weekly Payroll Deduction Amount

\$290.74

\$436.12

MIIA HMO Blue New England Individual (\$500 Deductible)

20%

30%

Total Monthly Premium Cost

\$939.09

\$939.09

Employee Monthly Cost

\$187.82

\$281.73

Bi-Weekly Payroll Deduction Amount

\$112.69

\$169.04

MIIA HMO Blue Select Family (\$250/\$500 Deductible)

20%

30%

Total Monthly Premium Cost

\$2,107.90

\$2,107.90

Employee Monthly Cost

\$421.58

\$632.37

Bi-Weekly Payroll Deduction Amount

\$252.95

\$379.42

MIIA HMO Blue Select Individual (\$250 Deductible)

20%

30%

Total Monthly Premium Cost

\$817.01

\$817.01

Employee Monthly Cost

\$163.40

\$245.10

Bi-Weekly Payroll Deduction Amount

\$98.04

\$147.06

MIIA Blue Care Elect PPO Family (*)

40%

50%

Total Monthly Premium Cost

\$2,786.30

\$2,786.30

Employee Monthly Cost

\$1,114.52

\$1,393.15

Bi-Weekly Payroll Deduction Amount

\$668.71

\$835.89

MIIA Blue Care Elect PPO Individual (*)

40%

50%

Total Monthly Premium Cost

\$1,079.95

\$1,079.95

Employee Monthly Cost

\$431.98

\$539.98

Bi-Weekly Payroll Deduction Amount

\$259.19

\$323.99

(*) \$500/\$1000 Deductible "In-Network"; \$1000/\$2000 Deductible "Out-of-Network"

Altus Dental - ONE PLAN with Child Orthodontia

All Employees

100% Employee Paid

Family

"Total" Employee Monthly Cost (100%)

\$139.98

Bi-Weekly Payroll Deduction Amount

\$83.99

2-Person

"Total" Employee Monthly Cost (100%)

\$97.15

Bi-Weekly Payroll Deduction Amount

\$58.29

Individual

"Total" Employee Monthly Cost (100%)

\$48.58

Bi-Weekly Payroll Deduction Amount

\$29.15