Town of West Boylston New Health Insurance Premium Rates - <u>MLP EMPLOYEES</u> Effective July 1, 2022 - June 30, 2023

MIIA Blue Cross Blue Shield of Massachusetts

MIIA HMO Blue New England Family (\$500/\$1000 Deductible	<u>20%</u>
Total Monthly Premium Cost	\$2,422.87
Employee/Pre-65 Retiree Monthly Cost	\$484.57
Bi-Weekly Payroll Deduction Amount	\$242.29
MIIA HMO Blue New England Individual (\$500 Deductible)	<u>20%</u>
Total Monthly Premium Cost	\$939.09
Employee/Pre-65 Retiree Monthly Cost	\$187.82
Bi-Weekly Payroll Deduction Amount	\$93.91
MIIA HMO Blue Select Family (\$250/\$500 Deductible)	<u>20%</u>
Total Monthly Premium Cost	\$2,107.90
Employee/Pre-65 Retiree Monthly Cost	\$421.58
Bi-Weekly Payroll Deduction Amount	\$210.79
MIIA HMO Blue Select Individual (\$250 Deductible)	<u>20%</u>
Total Monthly Premium Cost	\$817.01
Employee/Pre-65 Retiree Monthly Cost	\$163.40
Bi-Weekly Payroll Deduction Amount	\$81.70
MIIA Blue Care Elect PPO Family (*)	<u>40%</u>
Total Monthly Premium Cost	\$2,786.30
Employee/Pre-65 Retiree Monthly Cost	\$1,114.52
Bi-Weekly Payroll Deduction Amount	\$557.26
MIIA Blue Care Elect PPO Individual (*)	<u>40%</u>
Total Monthly Premium Cost	\$1,079.95
Employee/Pre-65 Retiree Monthly Cost	\$431.98
Bi-Weekly Payroll Deduction Amount	\$215.99

^{(*) \$500/\$1000} Deductible "<u>In-Network</u>"; \$1000/\$2000 Deductible "<u>Out-of-Network</u>"

Altus Dental - ONE PLAN with Child Orthodontia		All Employees / Retirees 100% Employee / Retiree Paid
<u>Family</u>	"Total" Employee / Retiree Monthly Cost (100%)	\$139.98
	Bi-Weekly Payroll Deduction Amount	\$69.99
<u>2-Person</u>	"Total" Employee / Retiree Monthly Cost (100%)	\$97.15
	Bi-Weekly Payroll Deduction Amount	\$48.58
<u>Individual</u>	"Total" Employee / Retiree Monthly Cost (100%)	\$48.58
	Bi-Weekly Payroll Deduction Amount	\$24.29