## Town of West Boylston New Health Insurance Premium Rates - <u>SCHOOL EMPLOYEES (10 Month Rates)</u> Effective July 1, 2023 - June 30, 2024

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)	<u>20%</u>	<u>30%</u>
Total Monthly Premium Cost	\$2,507.19	\$2,507.19
Employee Monthly Cost	\$501.44	\$752.16
Bi-Weekly Payroll Deduction Amount	\$300.86	\$451.30
MIIA HMO Blue New England Individual (\$500 Deductible)	<u>20%</u>	<u>30%</u>
Total Monthly Premium Cost	\$971.77	\$971.77
Employee Monthly Cost	\$194.35	\$291.53
Bi-Weekly Payroll Deduction Amount	\$116.61	\$174.92
MIIA HMO Blue Select Family (\$250/\$500 Deductible)	<u>20%</u>	<u>30%</u>
Total Monthly Premium Cost	\$2,181.25	\$2,181.25
Employee Monthly Cost	\$436.25	\$654.38
Bi-Weekly Payroll Deduction Amount	\$261.75	\$392.63
MIIA HMO Blue Select Individual (\$250 Deductible)	<u>20%</u>	<u>30%</u>
Total Monthly Premium Cost	\$845.44	\$845.44
Employee Monthly Cost	\$169.09	\$253.63
Bi-Weekly Payroll Deduction Amount	\$101.45	\$152.18
MIIA Blue Care Elect PPO Family (*)	<u>40%</u>	<u>50%</u>
Total Monthly Premium Cost	\$2,883.26	\$2,883.26
Employee Monthly Cost	\$1,153.30	\$1,441.63
Bi-Weekly Payroll Deduction Amount	\$691.98	\$864.98
MIIA Blue Care Elect PPO Individual (*)	<u>40%</u>	<u>50%</u>
Total Monthly Premium Cost	\$1,117.53	\$1,117.53
Employee Monthly Cost	\$447.01	\$558.77
Bi-Weekly Payroll Deduction Amount	\$268.21	\$335.26

		All Employees
Altus Dental - O	NE PLAN with Child Orthodontia	100% Employee Paid
<u>Family</u>	"Total" Employee Monthly Cost (100%)	\$139.98
	Bi-Weekly Payroll Deduction Amount	\$83.99
<u>2-Person</u>	"Total" Employee Monthly Cost (100%)	\$97.15
	Bi-Weekly Payroll Deduction Amount	\$58.29
<u>Individual</u>	"Total" Employee Monthly Cost (100%)	\$48.58
	Bi-Weekly Payroll Deduction Amount	\$29.15