

Town of West Boylston
New Health Insurance Premium Rates - WATER EMPLOYEES
Effective July 1, 2023 - June 30, 2024

MIIA Blue Cross Blue Shield of Massachusetts

<u>MIIA HMO Blue New England Family (\$500/\$1000 Deductible)</u>	<u>10%</u>
Total Monthly Premium Cost	\$2,507.19
Employee/Pre-65 Retiree Monthly Cost	\$250.72
Bi-Weekly Payroll Deduction Amount	\$125.36
<u>MIIA HMO Blue New England Individual (\$500 Deductible)</u>	<u>10%</u>
Total Monthly Premium Cost	\$971.77
Employee/Pre-65 Retiree Monthly Cost	\$97.18
Bi-Weekly Payroll Deduction Amount	\$48.59
<u>MIIA HMO Blue Select Family (\$250/\$500 Deductible)</u>	<u>10%</u>
Total Monthly Premium Cost	\$2,181.25
Employee/Pre-65 Retiree Monthly Cost	\$218.13
Bi-Weekly Payroll Deduction Amount	\$109.07
<u>MIIA HMO Blue Select Individual (\$250 Deductible)</u>	<u>10%</u>
Total Monthly Premium Cost	\$845.44
Employee/Pre-65 Retiree Monthly Cost	\$84.54
Bi-Weekly Payroll Deduction Amount	\$42.27
<u>MIIA Blue Care Elect PPO Family (*)</u>	<u>25%</u>
Total Monthly Premium Cost	\$2,883.26
Employee/Pre-65 Retiree Monthly Cost	\$720.82
Bi-Weekly Payroll Deduction Amount	\$360.41
<u>MIIA Blue Care Elect PPO Individual (*)</u>	<u>25%</u>
Total Monthly Premium Cost	\$1,117.53
Employee/Pre-65 Retiree Monthly Cost	\$279.38
Bi-Weekly Payroll Deduction Amount	\$139.69

(*) \$500/\$1000 Deductible "In-Network"; \$1000/\$2000 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>)	\$139.98
	Bi-Weekly Payroll Deduction Amount	\$69.99
<u>2-Person</u>	"Total" Employee / Retiree Monthly Cost (<u>100%</u>)	\$97.15
	Bi-Weekly Payroll Deduction Amount	\$48.58
<u>Individual</u>	"Total" Employee / Retiree Monthly Cost (<u>100%</u>)	\$48.58
	Bi-Weekly Payroll Deduction Amount	\$24.29