Town of West Boylston New Health Insurance Premium Rates - <u>SCHOOL EMPLOYEES (12 Month Rates)</u> Effective July 1, 2024 - June 30, 2025

A Blue Cross Blue Shield of Massachusetts	Ee's Hired < 3/1/2010	Ee's Hired > 8/26/2013
MIIA HMO Blue New England Family (\$500/\$1000 Deductible)	<u>20%</u>	<u>30%</u>
Total Monthly Premium Cost	\$2,672.66	\$2,672.66
Employee Monthly Cost	\$534.53	\$801.80
Bi-Weekly Payroll Deduction Amount	\$267.27	\$400.90
MIIA HMO Blue New England Individual (\$500 Deductible)	<u>20%</u>	<u>30%</u>
Total Monthly Premium Cost	\$1,035.91	\$1,035.91
Employee Monthly Cost	\$207.18	\$310.77
Bi-Weekly Payroll Deduction Amount	\$103.59	\$155.39
MIIA HMO Blue Select Family (\$250/\$500 Deductible)	<u>20%</u>	<u>30%</u>
Total Monthly Premium Cost	\$2,325.21	\$2,325.21
Employee Monthly Cost	\$465.04	\$697.56
Bi-Weekly Payroll Deduction Amount	\$232.52	\$348.78
MIIA HMO Blue Select Individual (\$250 Deductible)	<u>20%</u>	<u>30%</u>
Total Monthly Premium Cost	\$901.24	\$901.24
Employee Monthly Cost	\$180.25	\$270.37
Bi-Weekly Payroll Deduction Amount	\$90.13	\$135.19
MIIA Blue Care Elect PPO Family (*)	<u>40%</u>	<u>50%</u>
Total Monthly Premium Cost	\$3,073.56	\$3,073.56
Employee Monthly Cost	\$1,229.42	\$1,536.78
Bi-Weekly Payroll Deduction Amount	\$614.71	\$768.39
MIIA Blue Care Elect PPO Individual (*)	<u>40%</u>	<u>50%</u>
Total Monthly Premium Cost	\$1,191.29	\$1,191.29
Employee Monthly Cost	\$476.52	\$595.65
Bi-Weekly Payroll Deduction Amount	\$238.26	\$297.83

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

		All Employees
<u>ltus Dental - O</u>	NE PLAN with Child Orthodontia	100% Employee Paid
<u>Family</u>	"Total" Employee Monthly Cost (<u>100%</u>)	\$146.98
	Bi-Weekly Payroll Deduction Amount	\$73.49
2-Person	"Total" Employee Monthly Cost (<u>100%</u>)	\$102.01
	Bi-Weekly Payroll Deduction Amount	\$51.01
<u>Individual</u>	"Total" Employee Monthly Cost (100%)	\$51.01
	Bi-Weekly Payroll Deduction Amount	\$25.51