

Town of West Boylston
New Health Insurance Premium Rates - MLP EMPLOYEES
Effective July 1, 2024 - June 30, 2025

MIIA Blue Cross Blue Shield of Massachusetts

<u>MIIA HMO Blue New England Family (\$500/\$1000 Deductible)</u>		<u>20%</u>
Total Monthly Premium Cost		\$2,672.66
Employee/Pre-65 Retiree Monthly Cost		\$534.53
Bi-Weekly Payroll Deduction Amount		\$267.27
<u>MIIA HMO Blue New England Individual (\$500 Deductible)</u>		<u>20%</u>
Total Monthly Premium Cost		\$1,035.91
Employee/Pre-65 Retiree Monthly Cost		\$207.18
Bi-Weekly Payroll Deduction Amount		\$103.59
<u>MIIA HMO Blue Select Family (\$250/\$500 Deductible)</u>		<u>20%</u>
Total Monthly Premium Cost		\$2,325.21
Employee/Pre-65 Retiree Monthly Cost		\$465.04
Bi-Weekly Payroll Deduction Amount		\$232.52
<u>MIIA HMO Blue Select Individual (\$250 Deductible)</u>		<u>20%</u>
Total Monthly Premium Cost		\$901.24
Employee/Pre-65 Retiree Monthly Cost		\$180.25
Bi-Weekly Payroll Deduction Amount		\$90.13
<u>MIIA Blue Care Elect PPO Family (*)</u>		<u>40%</u>
Total Monthly Premium Cost		\$3,073.56
Employee/Pre-65 Retiree Monthly Cost		\$1,229.42
Bi-Weekly Payroll Deduction Amount		\$614.71
<u>MIIA Blue Care Elect PPO Individual (*)</u>		<u>40%</u>
Total Monthly Premium Cost		\$1,191.29
Employee/Pre-65 Retiree Monthly Cost		\$476.52
Bi-Weekly Payroll Deduction Amount		\$238.26

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

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