Town of West Boylston New Health Insurance Premium Rates - <u>WATER EMPLOYEES</u> Effective July 1, 2024 - June 30, 2025

MIIA Blue Cross Blue Shield of Massachusetts

MIIA HMO Blue New England Family (\$500/\$1000 Deductible	<u>10%</u>
Total Monthly Premium Cost	\$2,672.66
Employee/Pre-65 Retiree Monthly Cost	\$267.27
Bi-Weekly Payroll Deduction Amount	\$133.64
MIIA HMO Blue New England Individual (\$500 Deductible)	<u>10%</u>
Total Monthly Premium Cost	\$1,035.91
Employee/Pre-65 Retiree Monthly Cost	\$103.59
Bi-Weekly Payroll Deduction Amount	\$51.80
MIIA HMO Blue Select Family (\$250/\$500 Deductible)	<u>10%</u>
Total Monthly Premium Cost	\$2,325.21
Employee/Pre-65 Retiree Monthly Cost	\$232.52
Bi-Weekly Payroll Deduction Amount	\$116.26
MIIA HMO Blue Select Individual (\$250 Deductible)	<u>10%</u>
Total Monthly Premium Cost	\$901.24
Employee/Pre-65 Retiree Monthly Cost	\$90.12
Bi-Weekly Payroll Deduction Amount	\$45.06
MIIA Blue Care Elect PPO Family (*)	<u>25%</u>
Total Monthly Premium Cost	\$3,073.56
Employee/Pre-65 Retiree Monthly Cost	\$768.39
Bi-Weekly Payroll Deduction Amount	\$384.20
MIIA Blue Care Elect PPO Individual (*)	<u>25%</u>
Total Monthly Premium Cost	\$1,191.29
Employee/Pre-65 Retiree Monthly Cost	\$297.82

^{(*) \$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 (100%)	\$146.98
	Bi-Weekly Payroll Deduction Amount	\$73.49
<u>2-Person</u>	"Total" Employee / Retiree Monthly Cost (100%)	\$102.01
	Bi-Weekly Payroll Deduction Amount	\$51.01
<u>Individual</u>	"Total" Employee / Retiree Monthly Cost (100%)	\$51.01
	Bi-Weekly Payroll Deduction Amount	\$25.51