

**TOWN OF WEST BOYLSTON**  
**BCBSMA DEDUCTIBLE PLANS - JULY 1, 2022 THRU JUNE 30, 2023**  
**EMPLOYEE RESPONSIBILITY - TASC HRA RESPONSIBILITY**

	<b><u>BCBSMA BASE PLAN</u></b>	<b>WHO PAYS?</b>	
		<b><u>EMPLOYEE RESPONSIBILITY</u></b>	<b><u>TASC HRA RESPONSIBILITY</u></b>
<b><u>HMO BLUE SELECT</u></b> <i>( Limited Network )</i> INDIVIDUAL FAMILY	\$1,500 \$3,000 <i>(No more than \$1,500 per person)</i>	\$250 \$500 <i>(No more than \$250 per person)</i>	\$1,250 \$2,500 <i>(No more than \$1,250 per person)</i>
<b><u>HMO BLUE NE</u></b> INDIVIDUAL FAMILY	\$1,500 \$3,000 <i>(No more than \$1,500 per person)</i>	\$500 \$1,000 <i>(No more than \$500 per person)</i>	\$1,000 \$2,000 <i>(No more than \$1,000 per person)</i>
<b><u>BLUE CARE ELECT PPO</u></b> <i>(In-Network)</i> INDIVIDUAL FAMILY	\$1,500 \$3,000 <i>(No more than \$1,500 per person)</i>	\$500 \$1,000 <i>(No more than \$500 per person)</i>	\$1,000 \$2,000 <i>(No more than \$1,000 per person)</i>
<b><u>BLUE CARE ELECT PPO</u></b> <i>(Out-of-Network)</i> INDIVIDUAL FAMILY	\$3,000 \$6,000 <i>(No more than \$1,500 per person)</i>	\$1,000 \$2,000 <i>(No more than \$1,000 per person)</i>	\$2,000 \$4,000 <i>(No more than \$2,000 per person)</i>