

Insurance Rates
July 1, 2022- June 30, 2023
Employee 30% , Retiree Share 50% of Total Premium
HMO Blue Select Network Benchmark

Individual			Family		
	Summer	Total		Summer	Total
\$	123.71		Semi Monthly (24-Deductions)	\$ 321.82	
\$	123.71 + 17.67	\$ 141.38	School -22 Pay	\$ 321.82 + 45.97	\$ 367.79
\$	123.71 + 24.74	\$ 148.45	School -21 Pay	\$ 321.82 + 64.36	\$ 386.18
\$	247.42		Employee Monthly	\$ 643.64	
\$	412.37		Retiree Monthly	\$ 1,072.73	
\$	824.73		Full Premium Monthly	\$ 2,145.46	
\$	841.22		COBRA - Monthly	\$ 2,188.37	

HMO Blue New England Benchmark

Individual			Family		
	Summer	Total		Summer	Total
\$	133.02		Semi Monthly (24-Deductions)	\$ 346.04	
\$	133.02 + 19.00	\$ 152.02	School -22 Pay	\$ 346.04 + 49.43	\$ 395.48
\$	133.02 + 26.60	\$ 159.62	School -21 Pay	\$ 346.04 + 69.21	\$ 415.25
\$	266.04		Employee Monthly	\$ 692.09	
\$	443.40		Retiree Monthly	\$ 1,153.48	
\$	886.80		Full Premium Monthly	\$ 2,306.95	
\$	904.54		COBRA - Monthly	\$ 2,353.09	

Blue Care Elect Preferred (PPO) Benchmark

Individual			Family		
	Summer	Total		Summer	Total
\$	147.16		Semi Monthly (24-Deductions)	\$ 382.83	
\$	147.16 + 21.02	\$ 168.18	School -22 Pay	\$ 382.83 + 54.69	\$ 437.52
\$	147.16 + 29.43	\$ 176.59	School -21 Pay	\$ 382.83 + 76.57	\$ 459.39
\$	294.32		Employee Monthly	\$ 765.65	
\$	490.54		Retiree Monthly	\$ 1,276.09	
\$	981.07		Full Premium Monthly	\$ 2,552.18	
\$	1,000.69		COBRA - Monthly	\$ 2,603.22	

Group #

Individual

	Monthly Deduction -Effective 1/1/2022	
502292031	MEDEX 2 Blue Medicare Rx	163.65
4440890	Fallon Medicare Plus	164.00

Insurance Rates
July 1, 2022- June 30, 2023
Employee 100% of Total Premium

Blue Cross Blue Shield Dental Blue *

<u>Employee</u>	<u>Total</u>	<u>2 Person</u>	<u>Total</u>		<u>Family</u>	<u>Total</u>			
\$19.48		\$37.97		Semi- Monthly (24-Deduction)	\$ 55.48				
\$19.48	+ 2.78	\$22.26	\$37.97	+ 5.42	\$43.39	School -22 Pay	\$ 55.48	+ 7.93	\$63.40
\$19.48	+ 3.90	\$23.37	\$37.97	+ 7.59	\$45.56	School -21 Pay	\$ 55.48	+ 11.10	\$66.57
\$38.95		\$75.93		Full Premium Monthly	\$ 110.95				

Blue Cross Blue Shield Vision Blue 20/20*

<u>Employee</u>	<u>Total</u>	<u>2 Person</u>	<u>Total</u>		<u>Employee +Child(ren)</u>	<u>Total</u>	<u>Family</u>	<u>Total</u>				
\$4.97		\$8.46		Semi- Monthly (12-Deduction)	\$8.71		\$13.68					
\$4.97	+ 0.99	\$5.96	\$8.46	+ 1.69	\$10.15	School -22 Pay	\$8.71	+ 1.80	10.51	\$13.68	+ 2.84	\$16.52
\$4.97	+ 0.99	\$5.96	\$8.46	+ 1.69	\$10.15	School -21 Pay	\$8.71	+ 1.80	10.51	\$13.68	+ 2.84	\$16.52
\$4.97		\$8.46		Full Premium Monthly	\$8.71		\$13.68					