

**TOWN OF MATTAPOISETT
GROUP INSURANCE RATES
JULY 1, 2023 - JUNE 30, 2024**

<u>ACTIVE (if hired before 1/1/2011)</u> 75% - 25%	Monthly Premium	Town 75%	Employee 25%	PAYROLL	
				Weekly	Biweekly
<u>Network Blue NE HMO</u>					
Individual	\$1,000.91	\$750.67	\$250.24	\$62.56	\$125.12
Family	\$2,706.37	\$2,029.77	\$676.60	\$169.15	\$338.30
<u>HMO - Saver (\$2,000/\$4,000 Ded)</u>					
Individual	\$785.73	\$589.29	\$196.44	\$49.11	\$98.22
Family	\$2,124.72	\$1,593.52	\$531.20	\$132.80	\$265.60
<u>Blue Care Elect Preferred Plan PPO</u>					
Individual	\$1,357.04	\$1,017.76	\$339.28	\$84.82	\$169.64
Family	\$3,275.29	\$2,456.45	\$818.84	\$204.71	\$409.42
<u>PPO - Saver (\$2,000/\$4,000 Ded)</u>					
Individual	\$971.62	\$728.70	\$242.92	\$60.73	\$121.46
Family	\$2,348.36	\$1,761.28	\$587.08	\$146.77	\$293.54

<u>ACTIVE</u> 50% - 50%	Monthly Premium	Town 50%	Employee 50%	PAYROLL	
				Weekly	Biweekly
<u>Network Blue NE HMO</u>					
Individual	\$1,000.91	\$500.47	\$500.44	\$125.11	\$250.22
Family	\$2,706.37	\$1,353.17	\$1,353.20	\$338.30	\$676.60
<u>HMO - Saver (\$2,000/\$4,000 Ded)</u>					
Individual	\$785.73	\$392.85	\$392.88	\$98.22	\$196.44
Family	\$2,124.72	\$1,062.36	\$1,062.36	\$265.59	\$531.18
<u>Blue Care Elect Preferred Plan PPO</u>					
Individual	\$1,357.04	\$678.52	\$678.52	\$169.63	\$339.26
Family	\$3,275.29	\$1,637.65	\$1,637.64	\$409.41	\$818.82
<u>PPO - Saver (\$2,000/\$4,000 Ded)</u>					
Individual	\$971.62	\$485.82	\$485.80	\$121.45	\$242.90
Family	\$2,348.36	\$1,174.16	\$1,174.20	\$293.55	\$587.10

<u>EARLY RETIREES</u> Under 65 or Non-Medicare Eligible	Monthly Premium	Town 50%	Retiree 50%
<u>Network Blue NE HMO</u>			
Individual	\$1,000.91	\$500.46	\$500.45
Family	\$2,706.37	\$1,353.19	\$1,353.18
<u>HMO - Saver (\$2,000/\$4,000 Ded)</u>			
Individual	\$785.73	\$392.87	\$392.86
Family	\$2,124.72	\$1,062.36	\$1,062.36
<u>Blue Care Elect Preferred Plan PPO</u>			
Individual	\$1,357.04	\$678.52	\$678.52
Family	\$3,275.29	\$1,637.65	\$1,637.64
<u>PPO - Saver (\$2,000/\$4,000 Ded)</u>			
Individual	\$971.62	\$485.81	\$485.81
Family	\$2,348.36	\$1,174.18	\$1,174.18

<u>RETIREES</u> 65 and over and Medicare Eligible	Monthly Premium	Town 50%	Retiree 50%
<u>Medex 2 with PDP</u>			
Individual	\$331.09	\$165.54	\$165.55

<u>DENTAL</u>	Active Employee Monthly Premiums		Retiree Monthly Premiums
<u>Dental Blue Freedom - BCBS</u>	Low Option	High Option	Retiree Plan
Individual	\$20.84	\$36.48	\$49.47
Two-Party			\$98.94
Family	\$62.48	\$110.84	\$173.12

<u>VISION - Active EE's only</u>	Monthly Premium
<u>Blue20/20 - BCBS</u>	
Individual	\$6.07
Family	\$16.69
Employee + Spouse	\$10.32
Employee + Children	\$10.62