JULY 1, 2019 - JUNE 30, 2020

ACTIVE hired BEFORE 1/1/2011	**PREMIUM**	**Town**	**Employee**	**PAYROLL**	
Low Option 75% - 25%		**75%**	**25%**	**Weekly**	**Biweekly**
Blue Care Elect (PPO)					
Individual	1,341.14	1,005.86	335.29	83.82	167.65
Family	3,236.90	2,427.68	809.23	202.31	404.62
Network Blue New England					
Individual	989.18	741.89	247.30	61.82	123.66
Family	2,674.66	2,006.00	668.67	167.17	334.34
GIC-HMO - 500/1000 deductible					
Individual	861.84	646.38	215.46	53.87	107.74
Family	2,330.55	1,747.91	582.64	145.66	291.33
GIC-PPO - 500/1000 deductible					
Individual	1,087.46	815.60	271.87	67.97	135.94
Family	2,628.36	1,971.27	657.09	164.27	328.56

ACTIVE hired AFTER 1/1/2011	**PREMIUM**	**Town**	**Employee**	**PAYROLL**	
Low Option 50% - 50%		**50%**	**50%**	**Weekly**	**Biweekly**
Blue Care Elect (PPO)					
Individual	1,341.14	670.57	670.57	167.64	335.29
Family	3,236.90	1,618.45	1,618.45	404.61	809.23
Network Blue New England					
Individual	989.18	494.59	494.59	123.65	247.30
Family	2,674.66	1,337.33	1,337.33	334.33	668.67
GIC-HMO - 500/1000 deductible					
Individual	861.84	430.92	430.92	107.73	215.46
Family	2,330.55	1,165.28	1,165.28	291.32	582.64
GIC-PPO - 500/1000 deductible					
Individual	1,087.46	543.73	543.73	135.93	271.87
Family	2,628.36	1,314.18	1,314.18	328.55	657.09

EARLY RETIREES (Under 65) OR NON-MEDICARE ELIGIBLE)	**PREMIUM**	**Town**	**Retiree**
Low Option		**50%**	**50%**
Blue Care Elect (PPO)			
Individual	1,341.14	670.57	670.57
Family	3,236.90	1,618.45	1,618.45
Network Blue New England			
Individual	989.18	494.59	494.59
Family	2,674.66	1,337.33	1,337.33
GIC-HMO - 500/1000 deductible			
Individual	861.84	430.92	430.92
Family	2,330.55	1,165.28	1,165.27
GIC-PPO - 500/1000 deductible			
Individual	1,087.46	543.73	543.73
Family	2,628.36	1,314.18	1,314.18

RETIREES (Medicare Eligible)		**Town**	**Retiree**
January 1 - December 31		**50%**	**50%**
Blue Cross - Medex 2			
Individual	358.15	179.08	179.07
Blue Cross - Managed Blue for Seniors			
Individual	306.61	153.31	153.30

Altus Dental - 100% Voluntary 7815-001	**premium**	**wkly**	**bi-wkly**		
Individual	41.74	10.44	20.88	Ind.	49.73
Family	128.00	32.00	64.00	2 people	99.46
				Fam	174.05

VISION	**Premium**
Individual	8.59
Family	25.26
Employee + Spouse	17.18
Employee + Child	16.32

Ist check of the month.