

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

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

<u>DENTAL</u>	Retiree Monthly Premiums	
<u>Dental Blue Freedom - BCBS</u>	Retiree Plan	
Individual	\$49.47	
Two-Party	\$98.94	
Family	\$173.12	

****Medex2 rate will renew effective 01/01/2024**