Monthly rates effective 7/1/2020

Health Insurance

		Total	Town	Employee
Blue Care Elect PPO Enhanced Value	Individual	$1,433.83	$1,075.37	$358.46
A 00-2323316 T-002323320	Family	$3,572.44	$2,679.34	$893.10
R 00-2323321 C 00-2323322				
HMO Blue New England Enhanced Value	Individual	$860.23	$645.17	$215.06
A 00-4034993 R 00-4035026	Family	$2,258.62	$1,693.96	$564.66
C 00-4035027				
Retirees - Medicare Eligible (renews 1/1)				
Medex 2 with PDP eff 1/1/20	Individual	$386.22	$289.66	$96.56
50-2323316 50-2323369				
Man Blue for Snrs with PDP eff 1/1/20	Individual	$319.78	$239.83	$79.95
00-4034992				

Life Insurance

Boston Mutual 24687	Total	Town	Employee
Active Employees ($5000 AD&D) 02	$5.96	$2.98	$2.98
DPW Employees ($10000 AD&D) 01	$11.90	$5.95	$5.95
Retired Employees ($5000) 03	$5.76	$2.88	$2.88
Voluntary 04			

LTD STD -

Dental Insurance - employee pays 100%

Blue Cross Blue Shield

00-2337512	Individual	$47.32
Type I -100% Type II - 80%	Individual +1	$94.42
Type III - 50% $25/$75 ded 1000 msx	Family	$144.74

Vision Plan- employee pays 100%

Blue 20/20 grp 19786	Individual	$5.74
	Emp & Sps	$9.76
	Emp w/children	$10.06
	Family	$15.78

COBRA includes 2% admin fee

Blue Care Elect PPO Enhanced Value	Individual	$1,462.51
	Family	$3,643.89
HMO Blue New England Enhanced Value	Individual	$877.43
	Family	$2,303.79
Dental Blue	Individual	$48.27
	Individual +1	$96.31
	Family	$147.63
Blue 20/20	Individual	$5.85
	Emp & Sps	$9.96
	Emp w/children	$10.26
	Family	$16.10