



Robert F. Sullivan  
MAYOR

# City of Brockton

## Human Resources

FY 24 RATES

Sandra Charton  
DIRECTOR OF HUMAN RESOURCES

### HEALTH INSURANCE

#### OPTION 1: BLUE CROSS BLUE SHIELD BLUE CARE ELECT PREFERRED (PPO)

##### INDIVIDUAL PLAN

TOTAL MONTHLY COST (CITY AND EMPLOYEE): \$1114.78

EMPLOYEE PAYS 25% OF TOTAL MONTHLY COST

Employee Weekly Contribution - 52 weeks	\$64.31
Employee Weekly Contribution - 40 weeks	\$83.61
Employee Bi-Weekly Contribution – 26 weeks	\$128.63
Employee Bi-Weekly Contribution – 20 weeks	\$167.22

##### FAMILY PLAN

TOTAL MONTHLY COST (CITY AND EMPLOYEE): \$2900.67

EMPLOYEE PAYS 25% OF TOTAL MONTHLY COST

Employee Weekly Contribution - 52 weeks	\$167.34
Employee Weekly Contribution - 40 weeks	\$217.55
Employee Bi-Weekly Contribution – 26 weeks.	\$334.69
Employee Bi-Weekly Contribution – 20 weeks	\$435.10

#### OPTION 2: BLUE CROSS BLUE SHIELD NETWORK BLUE NEW ENGLAND (HMO)

##### INDIVIDUAL PLAN

TOTAL MONTHLY COST (CITY AND EMPLOYEE): \$1017.72

EMPLOYEE PAYS 25% OF TOTAL MONTHLY COST

Employee Weekly Contribution - 52 weeks	\$58.71
Employee Weekly Contribution - 40 weeks	\$76.32
Employee Bi-Weekly Contribution – 26 weeks.	\$117.42
Employee Bi-Weekly Contribution – 20 weeks	\$152.65

*“City of Champions”*

BROCKTON CITY HALL ■ 45 SCHOOL STREET ■ BROCKTON, MASSACHUSETTS 02301  
TEL: (508) 580-7820 FAX: (508) 580-7133  
HR @ COBMA.US



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### FAMILY PLAN

**TOTAL MONTHLY COST (CITY AND EMPLOYEE): \$2531.84**

EMPLOYEE PAYS 25% OF TOTAL MONTHLY COST

Employee Weekly Contribution - 52 weeks	\$146.06
Employee Weekly Contribution - 40 weeks	\$189.88
Employee Bi-Weekly Contribution – 26 weeks.	\$292.13
Employee Bi-Weekly Contribution – 20 weeks	\$379.77

### HEALTH INSURANCE

**OPTION 3: HARVARD PILGRIM CHOICENET BEST BUY TIERED COPAYMENT HMO MASSACHUSETTS**

### INDIVIDUAL PLAN

**TOTAL MONTHLY COST (CITY AND EMPLOYEE): \$988.37**

EMPLOYEE PAYS 25% OF TOTAL MONTHLY COST

Employee Weekly Contribution - 52 weeks	\$57.02
Employee Weekly Contribution - 40 weeks	\$74.12
Employee Bi-Weekly Contribution – 26 weeks.	\$114.04
Employee Bi-Weekly Contribution – 20 weeks	\$148.25

### FAMILY PLAN

**TOTAL MONTHLY COST (CITY AND EMPLOYEE): \$2571.68**

EMPLOYEE PAYS 25% OF TOTAL MONTHLY COST

Employee Weekly Contribution - 52 weeks	\$145.25
Employee Weekly Contribution - 40 weeks	\$188.82
Employee Bi-Weekly Contribution – 26 weeks.	\$290.50
Employee Bi-Weekly Contribution – 20 weeks	\$377.65

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### DENTAL INSURANCE

#### BC/BS DENTAL BLUE PPO

#### INDIVIDUAL PLAN

TOTAL MONTHLY COST (CITY AND EMPLOYEE): \$43.18

EMPLOYEE PAYS 50% OF TOTAL MONTHLY COST

Employee Weekly Contribution - 52 weeks	\$4.98
Employee Weekly Contribution - 40 weeks	\$6.48
Employee Bi-Weekly Contribution – 26 weeks.	\$9.96
Employee Bi-Weekly Contribution – 20 weeks	\$12.95

### DENTAL INSURANCE

#### FAMILY PLAN

TOTAL MONTHLY COST (CITY AND EMPLOYEE): \$105.56

EMPLOYEE PAYS 50% OF TOTAL MONTHLY COST

Employee Weekly Contribution - 52 weeks	\$12.18
Employee Weekly Contribution - 40 weeks	\$15.83
Employee Bi-Weekly Contribution – 26 weeks.	\$24.36
Employee Bi-Weekly Contribution – 20 weeks	\$31.67

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