

RATES FOR FY 2025

The City currently pays 75% of the cost of the premium for all health insurance plans and 50% of the cost of the premium for the dental insurance plan. The rates for each plan are:

HEALTH INSURANCE

	<u>Total Monthly Cost</u> (Employee and City)		<u>Employee Share</u>	
	<u>Individual</u>	<u>Family</u>	<u>Individual</u>	<u>Family</u>
	BLUE CROSS BLUE SHIELD BLUE CARE ELECT PREFERRED (PPO)	\$1,181.67	\$3074.71	TWENTY-FIVE (25) PERCENT
Weekly contribution-52 weeks			\$ 68.17	\$177.39
Weekly contribution-40 weeks			\$ 88.63	\$230.60
Bi-Weekly contribution-26 weeks			\$136.35	\$354.78
Bi-Weekly contribution-20 weeks			\$177.25	\$461.21
BLUE CROSS BLUE SHIELD NETWORK BLUE NEW ENGLAND (HMO)	\$1,078.78	\$2,683.75	TWENTY-FIVE (25) PERCENT	
Weekly contribution-52 weeks			\$ 62.24	\$154.83
Weekly contribution-40 weeks			\$ 80.91	\$201.28
Bi-weekly contribution -26 weeks			\$124.47	\$309.66
Bi-Weekly contribution-20 weeks			\$161.82	\$402.56
HARVARD PILGRIM CHOICENET BEST BUY TIERED COPAYMENT HMO MASSACHUSETTS	\$1047.67	\$2,668.74	TWENTY-FIVE (25) PERCENT	
Weekly contribution-52 weeks			\$ 60.44	\$153.97
Weekly contribution-40 weeks			\$ 78.57	\$200.16
Bi-weekly contribution- 26 weeks			\$120.88	\$307.93
Bi-Weekly contribution-20 weeks			\$157.15	\$400.31

DENTAL

	<u>Total Monthly Cost</u> (Employee and City)		<u>Employee Share</u>	
	<u>Individual</u>	<u>Family</u>	<u>Individual</u>	<u>Family</u>
	BC/BS DENTAL BLUE PPO	\$43.18	\$105.56	FIFTY (50) PERCENT
Weekly contribution-52 weeks			\$ 4.98	\$ 12.18
Weekly contribution-40 weeks			\$ 6.48	\$ 15.83
Bi-Weekly contribution-26 weeks			\$ 9.96	\$ 24.36
Bi-Weekly contribution-20 weeks			\$12.95	\$ 31.67