

Town of Norton
Health Insurance Rates for Active Employees
Fiscal Year 2024 (07/01/23 - 06/30/24)

HMO NETWORK BLUE NEW ENGLAND (Deductible Plan)* 4062327						
*HMO PLAN REQUIRES PCP SELECTION						
<u>HMO</u>	Individual Plan \$836.00			Family Plan \$2,190.00		
Emp Share	Bi-Weekly Deduction	Emp Share	Town Share	Bi-Weekly Deduction	Emp Share	Town Share
25%	104.50	209.00	627.00	273.75	547.50	1,642.50

BLUE CROSS ELECT PPO (Deductible Plan)** 2355778						
**PPO PLAN DOES NOT REQUIRE PCP SELECTION						
<u>PPO</u>	Individual Plan \$1,440.00			Family Plan \$3,583.00		
Emp Share	Bi-Weekly Deduction	Emp Share	Town Share	Bi-Weekly Deduction	Emp Share	Town Share
30%	216.00	432.00	1,008.00	537.45	1,074.90	2,508.10

BLUE CROSS NETWORK BLUE HIGH DEDUCTIBLE WITH HSA						
<u>HMO</u>	Individual Plan \$650.00			Family Plan \$1,796.00		
High Deductible/HSA	Bi-Weekly Deduction	Emp Share	Town Share	Bi-Weekly Deduction	Emp Share	Town Share
Emp Share						
25%	81.25	162.50	487.50	224.50	449.00	1,347.00

DENTAL PLANS				
Plan	Altus Low		Altus High	
	Cost per month	Bi- Weekly Deduction	Cost per month	Bi- Weekly Deduction
Employee	35.28	17.64	39.47	19.74
Emp Plus One	70.56	35.28	83.66	41.83
Full Family	105.83	52.92	123.13	61.57

EyeMed		
PLAN	Cost per Month	Bi-Weekly Deduction
Employee Only	5.59	2.80
Employee + Spouse	10.07	5.04
Employee + Child(ren)	10.63	5.32
Employee + Family	16.78	8.39