

**Town of Norton**  
**Health Insurance Rates for Active Employees**  
**Fiscal Year 2021 (07/01/20 06/30/21)**

**HMO - NETWORK BLUE NEW ENGLAND 4062327**

\*HMO PLAN REQUIRES PCP SELECTION

<b>HMO</b> Deductible Plan Emp Share	<b>Individual Plan \$804.00</b>			<b>Family Plan \$2,105.00</b>		
	<b>Bi-Weekly Deduction</b>	<b>Emp Share</b>	<b>Town Share</b>	<b>Bi-Weekly Deduction</b>	<b>Emp Share</b>	<b>Town Share</b>
25%	100.50	201.00	603.00	263.13	526.26	1,578.74

**BLUE CROSS ELECT PPO 2355778**

\*\*PPO PLAN DOES NOT REQUIRE PCP SELECTION

<b>PPO</b> Deductible Plan Emp Share	<b>Individual Plan \$1,384.00</b>			<b>Family Plan \$3,444.00</b>		
	<b>Bi-Weekly Deduction</b>	<b>Emp Share</b>	<b>Town Share</b>	<b>Bi-Weekly Deduction</b>	<b>Emp Share</b>	<b>Town Share</b>
30%	207.60	415.20	968.80	516.60	1,033.20	2,410.80

**DENTAL PLANS**

<b>Plan</b>	<b>DMS Network</b>		<b>Altus Low</b>		<b>Altus High</b>	
	<b>Cost per month</b>	<b>Bi- Weekly Deduction</b>	<b>Cost per month</b>	<b>Bi- Weekly Deduction</b>	<b>Cost per month</b>	<b>Bi- Weekly Deduction</b>
<b>Employee</b>	29.60	14.80	38.03	19.02	48.70	24.35
<b>Emp Plus One</b>	52.00	26.00	72.98	36.49	93.47	46.74
<b>Full Family</b>	87.60	43.80	105.17	52.59	134.76	67.38