

Town of Norton
Health Insurance Rates for Active Employees
Fiscal Year 2019 (07/01/18- 06/30/19)

HMO - NETWORK BLUE NEW ENGLAND*

*HMO PLAN REQUIRES PCP SELECTION

HMO Deductible Plan Emp Share	Individual Plan \$773.00			Family Plan \$2,023.00		
	Bi-Weekly Deduction	Emp Share	Town Share	Bi-Weekly Deduction	Emp Share	Town Share
25%	96.63	193.25	579.75	252.88	505.75	1,517.25

BLUE CROSS ELECT PPO**

**PPO PLAN DOES NOT REQUIRE PCP SELECTION

PPO Deductible Plan Emp Share	Individual Plan \$1,330.00			Family Plan \$3,310.00		
	Bi-Weekly Deduction	Emp Share	Town Share	Bi-Weekly Deduction	Emp Share	Town Share
30%	199.50	399.00	931.00	496.50	993.00	2,317.00

DENTAL PLANS

Plan	DMS Network		Altus Low		Altus High	
	Cost per month	Bi- Weekly Deduction	Cost per month	Bi- Weekly Deduction	Cost per month	Bi- Weekly Deduction
Employee	21.00	10.50	42.76	21.38	53.12	26.56
Emp Plus One	41.40	20.70	82.06	41.03	101.96	50.98
Full Family	59.60	29.80	118.26	59.13	147.00	73.50