

**Town of Norton**  
**Health Insurance Rates for Active Employees**  
**Fiscal Year 2018 (07/01/17- 06/30/18)**

**HMO - NETWORK BLUE NEW ENGLAND\***

\*HMO PLAN REQUIRES PCP SELECTION

<b>HMO</b> Deductible Plan Emp Share	<b>Individual Plan</b> <b>\$736.00</b>			<b>Family Plan</b> <b>\$1,927.00</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%	92.00	184.00	552.00	240.88	481.75	1,445.25

**BLUE CROSS ELECT PPO\*\***

\*\*PPO PLAN DOES NOT REQUIRE PCP SELECTION

<b>PPO</b> Deductible Plan Emp Share	<b>Individual Plan</b> <b>\$1,267.00</b>			<b>Family Plan</b> <b>\$3,152.00</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%	190.05	380.10	886.90	472.80	945.60	2,206.40

**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>	21.00	10.50	41.51	20.76	51.58	25.79
<b>Emp Plus One</b>	41.40	20.70	79.67	39.84	98.99	49.50
<b>Full Family</b>	59.60	29.80	114.83	57.42	142.73	71.37