

**Town of Norton**  
**Health Insurance Rates for Retirees**

**Fiscal Year 2023 (07/01/22 - 06/30/23)**

**Blue Cross HMO Plan**

(Note: The HMO Plan requires selection of a Primary Care Physician)

**HMO Blue New England (Deductible Plan) 4062327**

PLAN	25% Retiree Share	75% Town Share	Total Premium
SINGLE	\$207.00	\$621.00	\$828.00
FAMILY	\$542.00	\$1,626.00	\$2,168.00

**Blue Cross PPO Plan**

(Note: PPO Plan does NOT require selection of a Primary Care Physician)

**BCBS Blue Care Elect Deductible Plan 2355778**

PLAN	30% Retiree Share	70% Town Share	Total Premium
SINGLE	\$427.80	\$998.20	\$1,426.00
FAMILY	\$1,064.40	\$2,483.60	\$3,548.00

**Blue Cross Medicare Supplemental Plans**

PLAN	25% Retiree Share	75% Town Share	Total Premium
MEDEX w/PDP 50-2296105	\$97.59	\$292.76	\$390.35
Managed Blue w/ PDP 4015321	\$92.51	\$277.54	\$370.05
Medex - LIS 502296105-LIS	\$64.19	\$292.76	\$356.95
Managed Blue - LIS 4015321-LIS	\$59.11	\$277.54	\$336.65

\*\*\* Note: Medicare rates are based on a calendar year.

**ALTUS DENTAL**

(no longer accepting new enrollments)

Plan	Cost per month	
	Low Option	High Option
Retiree	\$34.25	\$38.32
Retiree plus one	\$68.50	\$81.22
Full Family	\$102.75	\$119.54

\*\*\* NOTE: ALL SELF PAY PREMIUMS ARE DUE BY THE 15TH OF THE MONTH PRIOR TO COVERAGE.