

Town of Southbridge

Insurance Rates

July 1, 2021- June 30, 2022

Employee 40% , Retiree Share 50% of Total Premium

HMO Blue Select Network Benchmark

<u>Individual</u>		<u>Family</u>	
Summer		Summer	
	\$ 158.59	Semi Monthly (24-Deductions)	\$ 412.55
\$ 181.24	\$ 158.59 + 22.66	School -22 Pay	\$ 412.55 + 58.94
\$ 190.30	\$ 158.59 + 31.72	School -21 Pay	\$ 412.55 + 82.51
	\$ 317.17	Employee Monthly	\$ 825.10
	\$ 396.47	Retiree Monthly	\$ 1,031.37
	\$ 792.93	Full Premium Monthly	\$ 2,062.74
	\$ 808.79	COBRA - Monthly	\$ 2,103.99

HMO Blue New England Benchmark

<u>Individual</u>		<u>Family</u>	
Summer		Summer	
	\$ 170.52	Semi Monthly (24-Deductions)	\$ 443.60
\$ 194.88	\$ 170.52 + 24.36	School -22 Pay	\$ 443.60 + 63.37
\$ 204.63	\$ 170.52 + 34.10	School -21 Pay	\$ 443.60 + 88.72
	\$ 341.04	Employee Monthly	\$ 887.20
	\$ 426.31	Retiree Monthly	\$ 1,109.01
	\$ 852.61	Full Premium Monthly	\$ 2,218.01
	\$ 869.66	COBRA - Monthly	\$ 2,262.37

Blue Care Elect Preferred (PPO) Benchmark

<u>Individual</u>		<u>Family</u>	
Summer		Summer	
	\$ 188.65	Semi Monthly (24-Deductions)	\$ 490.76
\$ 215.60	\$ 188.65 + 26.95	School -22 Pay	\$ 490.76 + 70.11
\$ 226.38	\$ 188.65 + 37.73	School -21 Pay	\$ 490.76 + 98.15
	\$ 377.30	Employee Monthly	\$ 981.51
	\$ 471.63	Retiree Monthly	\$ 1,226.89
	\$ 943.25	Full Premium Monthly	\$ 2,453.78
	\$ 962.12	COBRA - Monthly	\$ 2,502.86

Senior Plans - Per Individual

<u>Group #</u>	<u>Individual</u>
502292031	MEDEX 2 Blue Medicare Rx 161.40
4440890	Fallon Medicare Plus 156.50

See reverse side for
Dental and Vision Rates

Town of Southbridge

Insurance Rates
July 1, 2021- June 30, 2022
Employee 100% of Total Premium

Blue Cross Blue Shield Dental Blue *

<u>Employee</u>	<u>2 Person</u>					<u>Family</u>
\$19.53			\$38.07		Semi- Monthly (24-Deduction)	\$ 55.62
\$19.53	+	2.79	\$38.07	+	School -22 Pay	\$ 55.62 + 7.95
\$19.53	+	3.91	\$38.07	+	School -21 Pay	\$ 55.62 + 11.12
\$39.05			\$76.13		Full Premium Monthly	\$ 111.24

Blue Cross Blue Shield Vision Blue 20/20*

<u>Employee</u>	<u>2 Person</u>					<u>Employee +Child(ren)</u>	<u>Family</u>
\$6.29			\$10.69		Semi- Monthly (12-Deduction)	\$11.01	\$17.31
\$6.29	+	1.26	\$10.69	+	School -22 Pay	\$11.01 + 2.20	\$17.31 + 3.46
\$6.29	+	1.26	\$10.69	+	School -21 Pay	\$11.01 + 2.20	\$17.31 + 3.46
\$6.29			\$10.69		Full Premium Monthly	\$11.01	\$17.31