Winchendon Public Schools

"Working Together"

FY2023 Heath Insurance Rates

Beginning July 1 2022

The Town of Winchendon contributes 60% for Blue Care Elect, Network Blue NE, life insurance and 65% for Network Blue Select. Eligibility for new hires is the first of the month following 30 days of employment.

The dental insurance is a 100% voluntary employee contributed plan. The Town does not contribute to this plan. Below are the biweekly deduction amounts for each plan.

**Starting Fiscal year 2022 health and dental deductions will be withheld 24 pays instead of 26. Your health and dental deductions will be withheld on the first two payrolls of the month. The third payroll of the month, July and December 2022 will have no health or dental deduction.

Plan	Bi-Weekly Cost 24 Pays	Bi-Weekly Cost 22 Pays
Network Blue New England HMO		
Individual	$149.77	$171.17
Family	$369.59	$422.40
Blue Care Elect PPO		
Individual	$176.73	$201.98
Family	$436.12	$498.43
Network Blue Select HMO		
Individual	$109.75	$125.44
Family	$270.84	$309.54
Dental Blue Freedom		
Individual	$18.32	$20.94
Family	$53.24	$60.84
Vision Blue 20/20		
Individual	3.39	3.87
Employee & Spouse	5.76	6.58
Employee & One or More Children	5.93	6.79
Group life Insurance	$2.55 biweekly	$2.92 biweekly
($15,000 Life and Accidental Death ONLY)		

The above plans were offered to _____

Print Name

Please sign next to the plan you are **NOT** enrolling in:

Date:_____

Health Insurance: _____ Vision:_____

Dental Insurance: _____ Life: _____