***Town of Medfield Health-Life-Dental Insurance Rates* BASED ON 24 PAYS *July 1,2018-June 30, 2019*** 3rd ppd of month NO INSURANCE WILL BE DEDUCTED

***BCBS Zero Deductible HMO PLAN***

Deduct

Town

Employee *Rate Changes* Code **INDIVIDUAL FAMILY**

%

%

*Effective*

Total Monthly Cost $897.39 $2,334.45 *July 1st* Town Share $556.38 $1,447.36 62% Employee Share - Monthly **18** $341.01 $887.09 38% **Bi-Monthly U $170.51 $443.55** COBRA $915.34 $2,381.14 102% ***Retiree Share-monthly $448.70 $1,167.23*** 50%

***BCBS Zero Deductible***

***PPO PLAN* INDIVIDUAL FAMILY**

Town

Employee % %

*Rate Changes Effective*

Total Monthly Cost $906.58 $2,359.24 *July 1st* Town Share $453.29 $1,179.62 50% Employee Share - Monthly **19** $453.29 $1,179.62 50% **Bi-Monthly H $226.65 $589.81** COBRA $924.71 $2,406.42 102% ***Retiree Share-monthly $453.29 $1,179.62*** 50%

***BCBS ACCESS BLUE HMO NE SAVER $2000***

**INDIVIDUAL**

**FAMILY**

Town Employee **($2000 Deductible) ($4000 Deductible)**

%

%

*Rate Changes Effective*

**Town HSA Annual Deductible Contribution $600.00 $1,200.00** *July 1st* Total Monthly Cost $722.41 $1,879.24 Town Share $447.89 $1,165.13 62% Employee Share - Monthly $274.52 $714.11 38% **Bi-Monthly $137.26 $357.06**

**DELTA DENTAL (2 options) INDIVIDUAL FAMILY**

Town

Employee % %

*Rate Changes Effective*

**Premier Table Plan MA Providers** Total Cost -Monthly $30.08 $74.26 100% *Sep 1st* Employee Share - Monthly $30.08 $74.26 **Bi-Monthly $15.04 $37.13**

**PPO Plus Premier National Network** Total Cost -Monthly $41.46 $105.72 100% *Sep 1st* Employee Share - Monthly $41.46 $105.72 **Bi-Monthly $20.73 $52.86**

***MEDICARE ELIGIBLE RETIREE PLANS***

Town

Employee % %

*Rate Changes Effective*

**Blue Cross/Blue Shield Medex 2 w/ Drug Rider**

**Tufts Preferred Medicare Advantage,MA**

*January 1st*

Total Monthly Cost $335.38 $314.00 Town Monthly Share *$167.69* $157.00 50% ***Retiree Share- Monthly $167.69 $157.00*** 50% ***Retiree LIS (Low income subsidy) share $132.69***

**LIFE INSURANCE - Basic $5,000 (code L )**

Town

Employee % %

*Rate Changes Effective*

Total Monthly Cost $6.20 *July 1st* **Bi-Monthly $1.55** 50% 50%

**LIFE INSURANCE - Voluntary (code *I)***

Town

Employee % %

*Rate Changes Effective*

**Bi-Monthly $1.95** 100% *July 1st* $3.90 per $5,000 Coverage up to $50,000 - Drops to $5000 at retirement