

Active Employee - premiums FY24 (July 1, 2023 thru June 30, 2024)

TOWN DEPT WEEKLY DEDUCTIONS

Health Insurance								
Blue Care Elect	\$300/ \$900 Deductib	le (PP0)	Town Share		Employee Share			
Plan	Total	Employer Share 55%	Weekly	Employee Share 45%	Weekly			
Individual	\$1,174.90	\$646.20	\$149.13	\$528.71	\$122.01			
Family	\$3,021.92	\$1,662.06	\$383.56	\$1,359.86	\$313.82			
Network Blue I								
Plan	Total	Employer Share 60%	Weekly	Employee Share 40%	Weekly			
Individual	\$978.40	\$587.04	\$135.47	\$391.36	\$90.32			
Family	\$2,516.32	\$1,509.79	\$348.42	\$1,006.53	\$232.28			
Network Blue S								
Plan	Total	Employer Share 60%	Weekly	Employee Share 40%	Weekly			
Individual	\$852.21	\$511.33	\$118.00	\$340.88	\$78.67			
Family	\$2,189.20	\$1,313.52	\$303.12	\$875.68	\$202.08			

SCHOOL DEPT BI-WEEKLY DEDUCTIONS

		SCHOOL DELT DI WEEKET D	LDOCTIONS		
		Health Insu	rance		
Blue Care Elect \$300/ \$900 Deductible (PP0)			Town Share		Employee Share
Plan	Total	Employer Share 55%	Bi-Weekly	Employee Share 45%	Bi-Weekly
Individual	\$1,174.90	\$646.20	\$298.26	\$528.71	\$244.02
Family	\$3,021.92	\$1,662.06	\$767.12	\$1,359.86	\$627.64
Network Blue I	NE \$300/ \$900 Deduc	tible (HMO)			
Plan	Total	Employer Share 60%	Bi-Weekly	Employee Share 40%	Bi-Weekly
Individual	\$978.40	\$587.04	\$270.94	391.36	\$181.26
Family	\$2,516.32	\$1,509.79	\$696.84	1006.53	\$464.56
Network Blue Select \$300/ \$900 Deductible (HMO - limited network)					
Plan	Total	Employer Share 60%	Bi-Weekly	Employee Share 40%	Bi-Weekly
Individual	\$852.21	\$511.33	\$236.00	340.88	\$157.34
Family	\$2,189.20	\$1,313.52	\$606.24	875.68	\$404.16