

EMPLOYEE HEALTH CARE RATES: EFFECTIVE JULY 1, 2023 - JUNE 30, 2024

HMO Blue NE Employees	Total Premium Monthly		Town Share Monthly		Employee Share Monthly	Biweekly (24)
Individual	\$861.86	70%	\$603.30	30%	\$258.56	\$129.28
Family	\$2,283.89	70%	\$1,598.73	30%	\$685.16	\$342.58

HMO Blue Select Employees	Total Premium Monthly		Town Share Monthly		Employee Share Monthly	Biweekly (24)
Individual	\$685.34	70%	\$479.74	30%	\$205.60	\$102.80
Family	\$1,816.10	70%	\$1,271.28	30%	\$544.82	\$272.41

(250/750 deductible)

Dental Blue Freedom Employees	Total Premium Monthly		Town Share Monthly		Employee Share Monthly	Biweekly (24)
Individual	\$38.35	70%	\$26.85	30%	\$11.50	\$5.75
Family	\$78.46	70%	\$54.92	30%	\$23.54	\$11.77

Call Firefighters eligible for dental and medical coverage 100% cost to employee

RETIREE HEALTH CARE RATES: EFFECTIVE JULY 1, 2023 - JUNE 30, 2024

HMO Blue NE Retirees	Total Premium Monthly		Town Share Monthly		Retiree Share Monthly
Individual	\$861.86	50%	\$430.93	50%	\$430.93
Family	\$2,283.89	50%	\$1,141.95	50%	\$1,141.94
Surviving Spouse	\$861.86			100%	\$861.86

HMO Blue Select Retirees	Total Premium Monthly		Town Share Monthly		Retiree Share Monthly
Individual	\$685.34	50%	\$342.67	50%	\$342.67
Family	\$1,816.10	50%	\$908.05	50%	\$908.05
Surviving Spouse	\$685.34			100%	\$685.34

(250/750 deductible)

Under 65 and living outside of HMO Blue NE network

Blue Care Elect PPO Retirees	Total Premium Monthly		Town Share Monthly		Retiree Share Monthly
Individual	\$1,083.75	50%	\$541.88	50%	\$541.87
Family	\$2,872.00	50%	\$1,436.00	50%	\$1,436.00
Surviving Spouse	\$1,083.75			100%	\$1,083.75

Dental Blue Freedom Retirees	Total Premium Monthly		Town Share Monthly		Retiree Share Monthly
Individual	\$38.35	50%	\$19.18	50%	\$19.17
Family	\$78.46	50%	\$39.23	50%	\$39.23
Surviving Spouse	\$38.35			100%	\$38.35

RETIREE HEALTH CARE RATES: EFFECTIVE JANUARY 1, 2023 - DECEMBER 31, 2023

Medex w Blue Medicare RX	Total Premium Monthly		Town Share Monthly		Retiree Share Monthly	
Retiree/Retiree Spouse	\$325.89	50%	\$162.95	50%	\$162.94	Renew 1/1/24
Surviving Spouse	\$325.89			100%	\$325.89	Renew 1/1/24