

TOWN OF HOLDEN

July 1, 2024

Health Insurance

Employees Hired After July 1, 2009

75/25 SPLIT, 50/50 PPO

INDIVIDUAL

Premier Investment Plans with Health Savings Account

\$1000 Contribution to Health Savings Account from Employer

\$2000 DEDUCTIBLE

	MONTHLY	BIWEEKLY
Select Saver	\$193.34	\$96.67
NE Saver	\$222.23	\$111.12

Standard Plans

\$550 DEDUCTIBLE

HMO Blue Select	\$232.60	\$116.30
HMO Blue NE	\$267.35	\$133.68
PPO Blue Care Elect 50/50	\$641.66	\$320.83

FAMILY

Premier Investment Plans with Health Savings Account

\$2000 Contribution to Health Savings Account from Employer

\$4000 DEDUCTIBLE

	MONTHLY	BIWEEKLY
Select Saver	464.02	232.01
NE Saver	\$533.36	\$266.68

Standard Plans

\$550/\$1100 DEDUCTIBLE

HMO Blue Select	\$558.22	\$279.11
HMO Blue NE	\$641.64	\$320.82
PPO Blue Care Elect 50/50	\$1,539.92	\$769.96

Health Insurance

Employees Hired Before July 1, 2009

80/20 SPLIT, 50/50 PPO

INDIVIDUAL

Premier Investment Plans with Health Savings Account

\$1000 Contribution to Health Savings Account from Employer

\$2000 DEDUCTIBLE

	MONTHLY	BIWEEKLY
Select Saver	\$154.68	\$77.34
NE Saver	\$177.79	\$88.90

Standard Plans

\$550 DEDUCTIBLE

HMO Blue Select	\$186.08	\$93.04
HMO Blue NE	\$213.88	\$106.94
PPO Blue Care Elect 50/50	\$641.66	\$320.83

FAMILY

Premier Investment Plans with Health Savings Account

\$2000 Contribution to Health Savings Account from Employer

\$4000 DEDUCTIBLE

	MONTHLY	BIWEEKLY
Select Saver	\$371.22	\$185.61
NE Saver	\$426.69	\$213.35

Standard Plans

\$550/\$1100 DEDUCTIBLE

HMO Blue Select	\$446.58	\$223.29
HMO Blue NE	\$513.31	\$256.66
PPO Blue Care Elect 50/50	\$1,539.92	\$769.96

Medicare Eligible Retirees and Spouses

Managed Blue for Seniors with Prescription Drug Plan 74/26 Split

Medex 2 with Prescription Drug Plan 50/50 SPLIT

Surviving Spouses Pay 100%

PLAN NAME	RETIREE PER MONTH	RETIREE PER QUARTER	SURVIVING SPOUSE PER MONTH	SURVIVING SPOUSE PER QUARTER
Managed Blue	\$92.74	\$278.22	\$356.69	\$1,070.07
Medex 2	\$186.39	\$559.17	\$372.78	\$1,118.34

Dental Insurance

ALTUS DENTAL RATES

EMPLOYEES AND RETIREES PAY 100%

PLAN NAME	MONTHLY PREMIUM	BI WEEKLY PREMIUM
Individual Plan	\$48.85	\$24.43
Two Person Plan	\$97.70	\$48.85
Family Plan	\$132.16	\$66.08

Vision Insurance

ALTUS VISION RATES

EMPLOYEES AND RETIREES PAY 100%

PLAN NAME	MONTHLY PREMIUM	BI WEEKLY PREMIUM
Employee Only	\$6.14	\$3.07
Employee & Spouse	\$12.28	\$6.14
Employee & Child(ren)	\$15.76	\$7.88
Family	\$24.09	\$12.05

Basic Life Insurance

BOSTON MUTUAL

Employees are eligible for a \$5,000 Basic Life insurance policy with a 50/50 split.

Employees must enroll at the time of hire or show evidence of insurability at a later date.

COVERAGE	EMPLOYEE PER MONTH	EMPLOYEE BI WEEKLY
Basic \$5,000 Policy	\$3.16	\$1.58