

TOWN OF HOLDEN

January 1, 2024

Health Insurance

Employees Hired After July 1, 2009

INDIVIDUAL PLANS

75/25 SPLIT HMO, 50/50 PPO

PLAN NAME	TOTAL PREMIUM	TOWN PER MONTH	EMPLOYEE PER MONTH	EMPLOYEE BIWEEKLY
Access Blue Select Saver \$1500 Deductible \$750 Town HSA Contribution	\$ 733.34	\$550.01	\$183.33	\$91.67
HMO Blue Select \$550 Deductible	\$ 853.96	\$640.47	\$213.49	\$106.75
Access Blue NE Saver \$1500 Deductible \$750 Town HSA Contribution	\$ 842.92	\$632.19	\$210.73	\$105.37
HMO Blue NE \$550 Deductible	\$ 981.56	\$736.17	\$245.39	\$122.70
PPO Blue Care Elect 50/50 \$550 Deductible	\$ 1177.90	\$588.95	\$588.95	\$294.48

FAMILY PLANS

75/25 SPLIT HMO, 50/50 PPO

PLAN NAME	TOTAL PREMIUM	TOWN PER MONTH	EMPLOYEE PER MONTH	EMPLOYEE BIWEEKLY
Access Blue Select Saver \$3000 Deductible \$1500 Town HSA Contribution	\$ 1,759.98	\$1319.99	\$439.99	\$220.00
HMO Blue Select \$550/\$1100 Deductible	\$ 2,049.47	\$1537.10	\$512.37	\$256.19
Access Blue NE Saver \$3000 Deductible \$1500 Town HSA Contribution	\$ 2,022.97	\$1517.23	\$505.74	\$252.87
HMO Blue NE \$550/\$1100 Deductible	\$ 2,355.71	\$1766.78	\$588.93	\$294.47
PPO Blue Care Elect 50/50 \$550/\$1100 Deductible	\$ 2,826.85	\$1413.43	\$1413.43	\$706.72

Health Insurance Employees Hired Before July 1, 2009

INDIVIDUAL PLANS 80/20 SPLIT HMO, 50/50 PPO

PLAN NAME	TOTAL PREMIUM	TOWN PER MONTH	EMPLOYEE PER MONTH	EMPLOYEE BIWEEKLY
Access Blue Select Saver \$1500 Deductible \$750 Town HSA Contribution	\$ 733.34	\$586.67	\$146.67	\$73.34
HMO Blue Select \$550 Deductible	\$ 853.96	\$683.17	\$170.79	\$85.40
Access Blue NE Saver \$1500 Deductible \$750 Town HSA Contribution	\$ 842.92	\$674.34	\$168.58	\$84.29
HMO Blue NE \$550 Deductible	\$ 981.56	\$785.25	\$196.31	\$98.16
PPO Blue Care Elect 50/50 \$550 Deductible	\$ 1177.90	\$588.95	\$588.95	\$294.48

FAMILY PLANS 80/20 SPLIT HMO, 50/50 PPO

PLAN NAME	TOTAL PREMIUM	TOWN PER MONTH	EMPLOYEE PER MONTH	EMPLOYEE BIWEEKLY
Access Blue Select Saver \$3000 Deductible \$1500 Town HSA Contribution	\$ 1,759.98	\$1407.98	\$352.00	\$176.00
HMO Blue Select \$550/\$1100 Deductible	\$ 2,049.47	\$1639.58	\$409.89	\$204.95
Access Blue NE Saver \$3000 Deductible \$1500 Town HSA Contribution	\$ 2,022.97	\$1618.38	\$404.59	\$202.30
HMO Blue NE \$550/\$1100 Deductible	\$ 2,355.71	\$1884.57	\$471.14	\$235.57
PPO Blue Care Elect 50/50 \$550/\$1100 Deductible	\$ 2,826.85	\$1413.43	\$1413.43	\$706.72

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	TOTAL PREMIUM	TOWN PER MONTH	RETIREE PER MONTH	RETIREE PER QUARTER	SURVIVING SPOUSE PER MONTH	SURVIVING SPOUSE PER QUARTER
Managed Blue	\$356.69	\$263.95	\$92.74	\$278.22	\$356.69	\$1,070.07
Medex 2	\$372.78	\$186.39	\$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	TOTAL PREMIUM	EMPLOYEE PER MONTH	EMPLOYEE BI WEEKLY
Basic \$5,000 Policy	\$6.32	\$3.16	\$1.58