	FY 2025 Hea	alth Insurance Ra	tes	
Rates are effective 7/1/2024				
Go to the Treasurer/Collector page and click on Employee Information & Forms				
<u>PLAN NAME</u>	<u>Plan Type</u>	Town/ Employee Contribution Split (%) [per your contract]	Full Cost Of Plan	Monthly Employee Cost (depending on your contribution split)
BCBS- Blue Care Elect PPO Rate Saver	F 11 A 11	C4 /20	62 204 00	44.222.00
	Family Active Individual Active	61/39 61/39	\$3,391.80 \$1,431.50	\$1,322.80 \$558.28
	iliulvidual Active	01/39	\$1,451.50	\$336.26
	Family Active	62/38	\$3,391.80	\$1,288.88
	Individual Active	62/38	\$1,431.50	\$544.00
			*	4.00.00
	Family Active Individual Active	64/36 64/36	\$3,391.80	\$1,221.08 \$515.26
BCBS- Network Blue HMO Rate Saver	Individual Active	04/30	\$1,431.50	\$515.36
BCB3- Network blue nivio Rate Saver	Family Active	60/40	\$2,681.54	\$1,072.64
	Individual Active	60/40	\$1,007.38	\$402.96
	Family Astive	75 /25	¢2.691.54	\$670.40
	Family Active Individual Active	75/25 75/25	\$2,681.54 \$1,007.38	\$670.40 \$251.84
	ilidividual Active	73/23	\$1,007.38	\$231.04
			******	1015-0
	Family Active Individual Active	77/23	\$2,681.54	\$616.72 \$231.72
	individual Active	77/23	\$1,007.38	\$231.72
	Family Active	78/22	\$2,681.54	\$589.92
	Individual Active	78/22	\$1,007.38	\$221.64
	Family Active Individual Active	80/20 80/20	\$2,681.54 \$1,007.38	\$536.32 \$201.44
Access Blue NE Saver NEW -			7=,000.000	¥2021.1
\$2,000.00/\$4,000.00 DEDUCTIBLE				
	Family Active	60/40	\$2,159.72	\$863.88
	Individual Active	60/40	\$811.38	\$324.56
	Family Active	75/25	\$2,159.72	\$539.96
	Individual Active	75/25	\$811.38	\$202.84
	Family Astive	77/22	ć2 4F0 72	¢406.72
	Family Active Individual Active	77/23 77/23	\$2,159.72 \$811.38	\$496.72 \$186.64
	marviada Active	77/23	Ç011.50	Ţ100.0 1
	Family Active	78/22	\$2,159.72	\$475.12
	Individual Active	78/22	\$811.38	\$178.52
	Family Active	80/20	\$2,159.72	\$431.96
	Individual Active	80/20	\$811.38	\$162.28
BCBS MEDEX 2 W/PDP (Rate Effective 1/1/202	_		****	410
Medicare supplemental/gap plan)	Individual Retired	50/50	\$384.44	\$192.22
	Voluntary Insurance	Plans (100% Emplo	yee Paid)	
BCBS Dental Blue Freedom			<u> </u>	
	Family Active	N/A	\$111.64	\$111.64
	Individual Active	N/A	\$44.16	\$44.16
BCBS Vision Blue 20/20			40	Az
	Employee	N/A	\$6.07	\$6.07
	Employee + Spouse Employee + Children	N/A N/A	\$10.32 \$10.62	\$10.32 \$10.62
	Employee + Family	N/A N/A	\$16.69	\$10.62
			Ç23.03	\$20.03

Please be advised your union contract drives the column titled "Town/Employee Contribution Split %." In each case, the town pays the higher percent.

SUMMARY OF BENEFITS NOTICE

Availability of Summary Health Information

As an employee, the health benefits available to you represent a significant component of your compensation package. They also provide important protection for you and your family in the case of illness or injury. Your plan offers a series of health coverage options. Choosing a health coverage option is an important decision. To help you make an informed choice, your plan makes available a Summary of Benefits and Coverage (SBC), which summarizes important information about any health coverage option in a standard format, to help you compare across options. The SBC is available in our Norwell E-Kit through Blue Cross Blue Shield at: https://planinfo.bluecrossma.com/ekit/2019-miiatownofnorwell-en_US.pdf . A paper copy is available, free of charge, by calling 781-659-8070.