FY 2024 Health Insurance Rates  Rates are effective 7/1/2023  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)
					CBS- Blue Care Elect PPO Rate Sav				
	Family Active	61/39	\$3,191.08	\$1,244.52					
	Individual Active	61/39	\$1,346.80	\$525.24					
	Family Active	62/38	\$3,191.08	\$1,212.60					
	Individual Active	62/38	\$1,346.80	\$511.80					
	Family Active	64/36	\$3,191.08	\$1,148.80					
	Individual Active	64/36	\$1,346.80	\$484.84					
CBS- Network Blue HMO Rate Save									
	Family Active	60/40	\$2,522.84	\$1,009.16					
	Individual Active	60/40	\$947.76	\$379.12					
	Family Active	75/25	\$2,522.84	\$630.72					
	Individual Active	75/25	\$947.76	\$236.96					
	- Individual / Idah		φσ σ	Ψ200.00					
	Family Active	77/23	\$2,522.84	\$580.24					
	Individual Active	77/23	\$947.76	\$218.00					
			40.500	1					
	Family Active	78/22	\$2,522.84	\$555.04					
	Individual Active	78/22	\$947.76	\$208.52					
	Family Active	80/20	\$2,522.84	\$504.56					
	Individual Active	80/20	\$947.76	\$189.52					
ccess Blue NE Saver NEW - HMO -									
2,000.00/\$4,000.00 DEDUCTIBLE	Family Active	60/40	\$2,031.92	\$812.76					
	Individual Active	60/40	\$763.36	\$305.36					
	maividual/teave	00/40	\$703.30	<b>7303.30</b>					
	Family Active	75/25	\$2,031.92	\$508.00					
	Individual Active	75/25	\$763.36	\$190.84					
	Family Active	77/22	¢2.021.02	\$467.32					
	Family Active Individual Active	77/23 77/23	\$2,031.92 \$763.36	\$175.60					
	maividual Active	77723	\$705.50	Ş173.00					
	Family Active	78/22	\$2,031.92	\$447.04					
	Individual Active	78/22	\$763.36	\$167.96					
	Family Astive	00/20	62.024.02	¢40C 40					
	Family Active Individual Active	80/20 80/20	\$2,031.92 \$763.36	\$406.40 \$152.64					
CBS MEDEX 2 W/PDP (Rate Effective		30/20	\$705.50	Ş1J2.0 <del>4</del>					
edicare supplemental/gap plan)	Individual Retired	50/50	\$357.97	\$178.99					
	Voluntary Insuran	ce Plans (100% Emp	lovee Paid)						
CBS Dental Blue Freedom		(100/0 11110	,						
	Family Active	N/A	\$111.64	\$111.64					
	Individual Active	N/A	\$44.16	\$44.16					
CBS Vision Blue 20/20		+							
VISION DIAC ZU/ZU	Employee	N/A	\$6.07	\$6.07					
	Employee + Spouse	N/A	\$10.32	\$10.32					
	Employee + Children	N/A	\$10.62	\$10.62					
	Employee + Family	N/A	\$16.69	\$16.69					
			_						

## 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