WEEKLY PAYROLL DEDUCTIONS--FY 2024

	Plan Cost Per Month (100%)	EE Cost Per Month (32%)	EE Cost per Year (Monthly Cost x 12)	Codes	EE Cost Per Check			
					52 wks	**42 wks**	**38 wks**	**26 wks**
BCBSBCE PPO TRADITIONAL								
Individual	$ 1,488.00	$ 476.16	$ 5,713.92	**9, 4**	$ 109.88	$ 136.05	$ 150.37	$ 219.77
Family	$ 3,527.00	$ 1,128.64	$ 13,543.68	**5, 6**	$ 260.46	$ 322.47	$ 356.41	$ 520.91
BCBS BCE PPO RATE SAVER								
Individual	$ 1,376.00	$ 440.32	$ 5,283.84	**9B, 4B**	$ 101.61	$ 125.81	$ 139.05	$ 203.22
Family	$ 3,261.00	$ 1,043.52	$ 12,522.24	**5B, 6B**	$ 240.81	$ 298.15	$ 329.53	$ 481.62
BCBS BCE PPO BENCHMARK								
Individual	$ 1,235.00	$ 395.20	$ 4,742.40	**9C, 4C**	$ 91.20	$ 112.91	$ 124.80	$ 182.40
Family	$ 2,931.00	$ 937.92	$ 11,255.04	**5C, 6C**	$ 216.44	$ 267.98	$ 296.19	$ 432.89
BCBS NWB NE HMO TRADITIONAL								
Individual	$ 1,050.00	$ 336.00	$ 4,032.00	**18, 20**	$ 77.54	$ 96.00	$ 106.11	$ 155.08
Family	$ 2,796.00	$ 894.72	$ 10,736.64	**19, 21**	$ 206.47	$ 255.63	$ 282.54	$ 412.95
BCBS NWB NE HMO RATE SAVER								
Individual	$ 946.00	$ 302.72	$ 3,632.64	**18B, 20B**	$ 69.86	$ 86.49	$ 95.60	$ 139.72
Family	$ 2,521.00	$ 806.72	$ 9,680.64	**19B, 21B**	$ 186.17	$ 230.49	$ 254.75	$ 372.33
BCBS NWB NE HMO BENCHMARK								
Individual	$ 873.00	$ 279.36	$ 3,352.32	**18C, 20C**	$ 64.47	$ 79.82	$ 88.22	$ 128.94
Family	$ 2,323.00	$ 743.36	$ 8,920.32	**19C, 21C**	$ 171.54	$ 212.39	$ 234.75	$ 343.09
HARVARD PILGRIM HMO TRADITIONAL								
Individual	$ 1,136.00	$ 363.52	$ 4,362.24	**14, 16**	$ 83.89	$ 103.86	$ 114.80	$ 167.78
Family	$ 3,025.00	$ 968.00	$ 11,616.00	**15, 17**	$ 223.38	$ 276.57	$ 305.68	$ 446.77
HARVARD PILGRIM HMO RATE SAVER								
Individual	$ 1,025.00	$ 328.00	$ 3,936.00	**14B, 16B**	$ 75.69	$ 93.71	$ 103.58	$ 151.38
Family	$ 2,726.00	$ 872.32	$ 10,467.84	**15B, 17B**	$ 201.30	$ 249.23	$ 275.47	$ 402.61
HARVARD PILGRIM HMO BENCHMARK								
Individual	$ 966.00	$ 309.12	$ 3,709.44	**14C, 16C**	$ 71.34	$ 88.32	$ 97.62	$ 142.67
Family	$ 2,570.00	$ 822.40	$ 9,868.80	**15C, 17C**	$ 189.78	$ 234.97	$ 259.71	$ 379.57

	Plan Cost Per Month (100%)	EE Cost Per Month (32%)	EE Cost per Year (Monthly Cost x 12)	Codes	EE Cost Per Check			
					52 wks	**42 wks**	**38 wks**	**26 wks**
DENTAL* (Town 75%; EE 25%)								
ACTIVE EMPLOYEES								
Individual	$ 33.06	$ 8.27	$ 99.18	24, 26	$ 1.91	$ 2.36	$ 2.61	$ 3.81
Family	$ 123.75	$ 30.94	$ 371.25	25, 27	$ 7.14	$ 8.84	$ 9.77	$ 14.28
CAFÉ PLAN (Employees pay 100%)	$ 1.00	$ 1.00	$ 12.00	29	$ 0.23	$ 0.29	$ 0.32	$ 0.46
(For pre-tax health insurance costs only. This does not cover cost of flexible spending plan)								

F:Insurance: FY2024 Payroll Health Deductions(032723)