

**TOWN OF CHELMSFORD HEALTH INSURANCE RATES
JULY 1, 2021 THROUGH JUNE 30, 2022**

EMPLOYEE HEALTH INSURANCE	Bundled FAMILY RATES	One Time Premium Holiday	TOWN SHARE	EMPLOYEE SHARE	Bundled SINGLE RATES	One Time Premium Holiday	TOWN SHARE	EMPLOYEE SHARE
PPO BLUE CARE ELECT 63% Town 37% Employee	\$2,765.98	\$2,535.48	\$1,597.35	\$938.13 per month \$432.98 bi-weekly	\$1,068.20	\$979.18	\$616.89	\$362.30 \$167.21
HMO NETWORK BLUE 75% Town 25% Employee	\$2,209.44	\$2,025.32	\$1,518.99	\$506.33 per month \$233.69 bi-weekly	\$853.35	\$782.24	\$586.68	\$195.56 \$90.26
HMO BLUE SELECT 75% Town 25% Employee	\$1,988.51	\$1,822.80	\$1,367.10	\$455.70 per month \$210.32 bi-weekly	\$768.02	\$704.02	\$528.01	\$176.00 \$81.23
RETIREE HEALTH INSURANCE (under 65) 60% Town 40% Retiree								
PPO BLUE CARE ELECT	\$2,765.98	\$2,535.48	\$1,521.29	\$1,014.19 per month	\$1,068.20	\$979.18	\$587.51	\$391.67
HMO NETWORK BLUE	\$2,209.44	\$2,025.32	\$1,215.19	\$810.13 per month	\$853.35	\$782.24	\$469.34	\$312.90
HMO BLUE SELECT	\$1,988.51	\$1,822.80	\$1,093.68	\$729.12 per month	\$768.02	\$704.02	\$460.81	\$281.61
RETIREES 65+ AND ELIGIBLE FOR MEDICARE* *Rates below effective January 1, 2021								
MEDEX 2-U and Blue Medicare Rx			\$132.34 + \$156.91		\$289.25		\$173.55	\$115.70
MEDEX 2-U LIS 100%			\$132.34 + \$123.81		\$256.15		\$153.69	\$102.46
MEDEX2-U LIS II 50%			\$132.34 + \$140.41		\$272.75		\$163.65	\$109.10
MANAGED BLUE SR and Blue Medicare Rx			\$160.70 + \$156.91		\$317.61		\$190.57	\$127.04
MBSR LIS			\$160.70 + \$123.81		\$284.51		\$170.71	\$113.80

DENTAL - 100% Employee & Retiree Paid

	FAMILY RATES	SINGLE RATES
High Option Blue Cross/Blue Shield Dental	\$143.19 per month \$66.09 bi-weekly	\$82.76 \$28.97
Low Option Blue Cross/Blue Shield Dental	\$103.40 per month \$47.72 bi-weekly	\$44.74 \$20.65

EyeMed Vision Care

Active and Retired Employees

New Plan with 4 year rate hold

	Bi-Weekly	Monthly
Individual	\$3.68	\$7.98
Employee + 1 Spouse	\$6.27	\$13.58
Employee + 1 or more children	\$6.45	\$13.97
Family	\$10.13	\$21.95

LIFE INSURANCE

BOSTON MUTUAL	Rate	Town Share	Employee/Retiree Share
60% Town 40% Employee			
EMPLOYEES	\$2.65	\$1.59	\$1.06 per month
RETIREES	\$0.49	\$0.29	\$0.20 per month

Additional Life insurance is available to eligible active employees. Rate varies on benefit amount selected.

CAFETERIA PLAN ADVISORS FlexChoice - Optional for Employees Only

	Payroll Deduction	Admin Fee		Covered by the Town
Flexible Spending Account	\$2,750.00 annual limit	Debit Card	\$4.50 per month \$12.00 per year	Covered by the Town
Dependent Care Account	\$5,000.00 annual limit			

Audit Requirement:

Town auditors require proof of birth date (copy of driver license, birth certificate or passport) for all family members enrolling in Town insurance and a copy of marriage certificate from married couples.