

**TOWN OF CHELMSFORD HEALTH INSURANCE RATES
JULY 1, 2022 THROUGH JUNE 30, 2023**

EMPLOYEE HEALTH INSURANCE	FAMILY RATES	TOWN SHARE	EMPLOYEE SHARE	SINGLE RATES	TOWN SHARE	EMPLOYEE SHARE
PPO BLUE CARE ELECT 63% Town 37% Employee	\$2,862.79	\$1,803.56	\$1,059.23 per month \$470.77 bi-weekly	\$1,105.59	\$696.52	\$409.07 per month \$181.81 bi-weekly
HMO NETWORK BLUE 75% Town 25% Employee	\$2,286.77	\$1,715.08	\$571.69 per month \$254.09 bi-weekly	\$883.22	\$662.42	\$220.81 per month \$98.14 bi-weekly
HMO BLUE SELECT 75% Town 25% Employee	\$2,058.11	\$1,543.58	\$514.53 per month \$228.68 bi-weekly	\$794.90	\$596.18	\$198.73 per month \$88.32 bi-weekly

RETIREE HEALTH INSURANCE						
60% Town 40% Retiree						
PPO BLUE CARE ELECT	\$2,862.79	\$1,717.67	\$1,145.12 per month	\$1,105.59	\$663.35	\$442.24 per month
HMO NETWORK BLUE	\$2,286.77	\$1,372.06	\$914.71 per month	\$883.22	\$529.93	\$353.29 per month
HMO BLUE SELECT	\$2,058.11	\$1,234.87	\$823.24 per month	\$794.90	\$476.94	\$317.96 per month

RETIREES 65+ AND ELIGIBLE FOR MEDICARE*

***Rates below effective January 1, 2022**

Low Income Subsidy applied when approved by Soc Sec			Retiree LIS Credit				
MEDEX 2-U and Blue Medicare Rx		\$132.34+	\$164.70		\$297.04	\$178.22	\$118.82 per month
MEDEX 2-U LIS I	100%	\$132.34+	\$164.70	-33.4	\$297.04	\$178.22	\$85.42 per month
MEDEX2-U LIS II	50%	\$132.34+	\$164.70	-16.7	\$297.04	\$178.22	\$102.12 per month
MANAGED BLUE SR and Blue Medicare Rx		\$166.97+	\$164.70		\$331.67	\$199.00	\$132.67 per month
MBSR LIS I	100%	\$166.97+	\$164.70	-33.4	\$331.67	\$199.00	\$99.27 per month

DENTAL - 100% Employee & Retiree Paid

	FAMILY RATES	SINGLE RATES
High Option Blue Cross/Blue Shield Dental	\$143.19 per month \$63.64 bi-weekly	\$62.76 per month \$27.89 bi-weekly
Low Option Blue Cross/Blue Shield Dental	\$103.40 per month \$45.96 bi-weekly	\$44.74 per month \$19.88 bi-weekly

EyeMed Vision Care

Active and Retired Employees
4 year rate lock 7/21-6/25

	Bi-Weekly	Monthly
Individual	\$3.55	\$7.98
Employee + 1 Dependent	\$6.04	\$13.58
Employee + 1 or more children	\$6.21	\$13.97
Family	\$9.76	\$21.95

LIFE INSURANCE

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

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

CAFETERIA PLAN ADVISORS FlexChoice - Optional for Employees Only

Flexible Spending Account	Payroll Deduction \$2,850.00annual limit	Admin Fee Debit Card	\$4.50per month \$12.00per year	Covered by the Town Covered by the Town
Dependent Care Account	\$5,000.00annual limit			

O:/Personnel/Benefits FY2023 3.5%