## TOWNOF DUNSTBALE FY2023 EMPLOYEE BENEFITS EFFECTIVE JULY 1, 2022- JUNE 30, 2023 FULL TIME EMPLOYEES (Regularly scheduled 20+ hours weekly)

## **NEW RATES EFFECITVE JULY 1, 2022**

## **HEALTH INSURNACE**

MIIA BLUE CROSS New England Network	TOTAL MONTHLY COST		TOTAL ANNUAL COST	MONTHLY TOWN PORTION	MONTHLY EMPLOYEE PORTION 25%		PAYCHECK WH FIRST 2 PAYS PER MONTH	
				75%				
HMO Blue New England- Single	\$	768.52	\$ 9,222.24	\$ 576.39	\$	192.13	\$	96.07
HMO Blue New England- Single	\$	2,067.34	\$ 24,808.08	\$ 1,550.51	\$	516.84	\$	258.42
Blue Care Benchmark (PPO)-Single	\$	827.32	\$ 9,927.84	\$ 620.49	\$	206.83	\$	103.42
Blue Care Benchmark (PPO)-Family	\$	2,225.48	\$ 26,705.76	\$ 1,669.11	\$	556.37	\$	278.19
DENTAL INSURNACE								
					MONTHLY			
					<b>EMPLOYEE</b>		PAYCHECK	
MIIA BLUE FREEDOM					P	ORTION		WH
		TOTAL	TOTAL				FIRST 2	
	N	ONTHLY	ANNUAL				<b>PAYS PER</b>	
	COST		COST		100%		MONTH	
Blue Freedom- Single	\$	49.95	\$ 599.40		\$	49.95	\$	24.98
Blue Freedom- Family	\$	105.73	\$ 1,268.76		\$	105.73	\$	52.87

<sup>\*</sup> Coverage begins immediately- double deductions for the first full month of employment. Partial months are prorated and added to first month coverage withholdings.

<sup>\*\*</sup> Coverage is paid in advance. Example: May coverage is withheld from April's paychecks.

<sup>\*\*\*</sup> Rates are subject to change depending on enrollment.