

**Town of Mansfield
Health Insurance Rates for Active (Town) Employees
Fiscal Year 2017 (07/01/16 - 06/30/17)**

HMO - NETWORK BLUE PLANS

*HMO PLANS REQUIRE PRIMARY CARE PHYSICIAN (PCP) SELECTION

<u>HMO Blue Value NGF</u>	Individual Plan			Family Plan		
Emp Share	Weekly Deduction	Emp Share	Town Share	Weekly Deduction	Emp Share	Town Share
30%	\$53.70	\$214.80	\$501.20	\$140.77	\$563.08	\$1,313.92

<u>HMO Blue Deductible</u>	Individual Plan			Family Plan		
Emp Share	Weekly Deduction	Emp Share	Town Share	Weekly Deduction	Emp Share	Town Share
30%	\$52.05	\$208.20	\$485.80	\$136.35	\$545.40	\$1,272.60

PPO - BLUE CARE ELECT PLANS

*PPO PLANS DO NOT REQUIRE PCP SELECTION

<u>Blue Care Elect Value</u>	Individual Plan			Family Plan		
Emp Share	Weekly Deduction	Emp Share	Town Share	Weekly Deduction	Emp Share	Town Share
30%	\$87.52	\$350.08	\$816.92	\$217.72	\$870.88	\$2,032.12

<u>Blue Care Elect - Deductible</u>	Individual Plan			Family Plan		
Emp Share	Weekly Deduction	Emp Share	Town Share	Weekly Deduction	Emp Share	Town Share
30%	\$82.65	\$330.60	\$771.40	\$205.58	\$822.32	\$1,918.68

DELTA DENTAL (Town pays 50% of premium)					
Plan	Monthly Premium	Monthly Split		Weekly Deduction	
		Town	Employee		
Individual	\$35.37	\$17.68	\$17.69	\$4.42	
Family	\$104.63	\$52.32	\$52.31	\$13.08	