

**Town of Mansfield
Health Insurance Rates for Active (Town) Employees
Fiscal Year 2021 (07/01/20 - 06/30/21)**

HMO - NETWORK BLUE PLANS
*HMO PLANS REQUIRE PRIMARY CARE PHYSICIAN (PCP) SELECTION

<u>Network Blue NE Enhanced Value</u>	Individual Plan			Family Plan		
	Weekly Deduction	Emp Share	Town Share	Weekly Deduction	Emp Share	Town Share
	Emp Share					
30%	\$64.43	\$257.72	\$601.39	\$169.01	\$676.04	\$1,577.48

<u>Network Blue NE - Deductible</u>	Individual Plan			Family Plan		
	Weekly Deduction	Emp Share	Town Share	Weekly Deduction	Emp Share	Town Share
	Emp Share					
30%	\$61.21	\$244.84	\$571.32	\$160.56	\$642.24	\$1,498.60

PPO - BLUE CARE ELECT PLANS
*PPO PLANS DO NOT REQUIRE PCP SELECTION

<u>Blue Care Elect Enhanced Value</u>	Individual Plan			Family Plan		
	Weekly Deduction	Emp Share	Town Share	Weekly Deduction	Emp Share	Town Share
	Emp Share					
30%	\$115.65	\$462.60	\$1,079.40	\$287.80	\$1,151.20	\$2,686.17

<u>Blue Care Elect - Deductible</u>	Individual Plan			Family Plan		
	Weekly Deduction	Emp Share	Town Share	Weekly Deduction	Emp Share	Town Share
	Emp Share					
30%	\$109.86	\$439.44	\$1,025.46	\$264.01	\$1,056.04	\$2,589.47

FY21 ALTUS DENTAL (Town pays 50% of premium)				
Plan	Monthly Premium	Monthly Split		Weekly Deduction
		Employee	Town	
Individual	\$37.06	\$18.52	\$18.54	\$4.63
Family	\$109.66	\$54.80	\$54.86	\$13.70

DAVIS VISION (Town does NOT contribute to this benefit)		
Plan	Monthly Premium	Note: Deduction is withheld from the first paycheck of each month.
Employee Only	\$5.59	
Employee plus Spouse	\$10.07	
Employee plus Children	\$10.63	
Family	\$16.78	