

**Town of Mansfield
Health Insurance Rates for Active (Town) Employees
Fiscal Year 2019 (07/01/18 - 06/30/19)**

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%	\$61.85	\$247.40	\$577.23	\$162.23	\$648.92	\$1,514.15

<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%	\$58.76	\$235.04	\$548.36	\$154.12	\$616.48	\$1,438.44

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%	\$111.00	\$444.00	\$1,036.11	\$276.25	\$1,105.00	\$2,578.36

<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%	\$105.46	\$421.84	\$984.26	\$262.44	\$1,049.76	\$2,449.43

FY19 ALTUS DENTAL (Town pays 50% of premium)				
Plan	Monthly Premium	Monthly Split		Weekly Deduction
		Town	Employee	
Individual	\$36.16	\$18.08	\$18.08	\$4.52
Family	\$106.99	\$53.48	\$53.51	\$13.37