

**Town of Mansfield
Health Insurance Rates for Active (Town) Employees
Fiscal Year 2024 (07/01/23 - 06/30/24)**

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

<u>Network Blue NE Enhanced Value</u>	Individual Plan			Family Plan		
	Bi-Weekly Deduction	Emp Share	Town Share	Bi-Weekly Deduction	Emp Share	Town Share
Emp Share						
30%	\$141.15	\$282.29	\$658.68	\$370.23	\$740.47	\$1,727.76

<u>Network Blue NE - Deductible</u>	Individual Plan			Family Plan		
	Bi-Weekly Deduction	Emp Share	Town Share	Bi-Weekly Deduction	Emp Share	Town Share
Emp Share						
30%	\$134.09	\$268.18	\$625.75	\$351.72	\$703.45	\$1,641.38

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

<u>Blue Care Elect Enhanced Value</u>	Individual Plan			Family Plan		
	Bi-Weekly Deduction	Emp Share	Town Share	Bi-Weekly Deduction	Emp Share	Town Share
Emp Share						
30%	\$253.34	\$506.68	\$1,182.25	\$630.45	\$1,260.90	\$2,942.10

<u>Blue Care Elect - Deductible</u>	Individual Plan			Family Plan		
	Bi-Weekly Deduction	Emp Share	Town Share	Bi-Weekly Deduction	Emp Share	Town Share
Emp Share						
30%	\$240.67	\$481.34	\$1,123.14	\$598.93	\$1,197.86	\$2,795.00

ALTUS DENTAL (Town pays 50% of premium)				
Plan	Monthly Premium	Monthly Split		Bi-Weekly Deduction
		Employee	Town	
Individual	\$37.06	\$18.52	\$18.54	\$9.26
Family	\$109.66	\$54.82	\$54.84	\$27.41

ALTUS VISION (Town does NOT contribute to this benefit)		
Plan	Monthly Premium	Note: Deduction is withheld from the first paycheck of each month.
Employee Only	\$5.25	
Employee plus Spouse	\$10.50	
Employee plus Children	\$11.03	
Family	\$15.23	