TOWN OF TOPSFIELD
FY 2024
HEALTH~DENTAL~VISION~LIFE INSURANCE RATES

Effective 7/1/2023

	EMPLOYER %		FY 2024 COST PER MONTH	FY 2024 TOWN'S RATE PER MONTH	FY 2024 EMPLOYEE'S RATE PER MONTH	24 WEEKS BI-WEEKLY TOWN/SCHOOL	21 WEEKS BI-WEEKLY SCHOOL
HMO BLUE ENGLAND		**HMO BLUE BENCHMARK**					
4000480	**67%**	Individual	925.73	620.23	305.50	152.75	174.57
	67%	Family	2,494.62	1,671.40	823.22	411.61	470.41
BLUE CARE ELECT- PPO		**BCEP BENCHMARK**					
2280740	**60%**	Individual	1,343.71	806.23	537.48	268.74	307.13
	60%	Family	3,472.51	2,083.51	1,389.00	694.50	793.71
HMO BLUE SELECT		**HMO BLUE CUSTOM NETWORK**					
4062284	**67%**	Individual	860.93	576.83	284.10	142.05	162.34
	67%	Family	2,319.99	1,554.39	765.60	382.80	437.49
DENTAL BLUE FREEDOM							
2371067		Low Option - Individual	34.44		34.44	17.22	19.68
		Low Option - Family	87.33		87.33	43.67	49.90
2371068		High Option - Individual	48.39		48.39	24.20	27.65
		High Option - Family	122.72		122.72	61.36	70.13
BLUE 20/20 VISION							
21042		Individual-Employee	5.83		5.83	2.92	3.33
		Couple-Employee + Spouse	9.91		9.91	4.96	5.66
		SPMD-Employee + One or More Children	10.21		10.21	5.11	5.83
		Family	16.03		16.03	8.02	9.16
BOSTON LIFE INSURANCE							
1790	**67%**	Active Employees ($10,000.00)	8.20	5.48	2.72	1.36	1.55
	67%	Retiree ($2,500.00)	2.04	1.37	0.67		
RETIREES							
MANAGED BLUE FOR SENIORS		**Medicare Supplement**	172.65	115.68	56.97		
6216843	**67%**	**Prescription Coverage**	169.35	113.46	55.89	**Rates will change January 2024**	
		Total Premium	342.00	229.14	112.86		
MEDEX 2		**Medicare Supplement**	189.73	113.84	75.89		
502280739	**60%**	**Prescription Coverage**	169.35	101.61	67.74		
		Total Premium	359.08	215.45	143.63		

***BLUE CARE ELECT PREFERRED- FOR ALL ACTIVE EMPLOYEES AND RETIREES UNDER THE AGE OF 65 WHO LIVE IN OR OUT OF STATE**