



Town of Westford
Westford Public Schools
HEALTH INSURANCE &
VOLUNTARY BENEFIT PREMIUMS
11/1/2023 – 10/31/2024

(Health Insurance 15% Increase & Dental Insurance 0% Increase)

BLUE CROSS BLUE SHIELD of Massachusetts (BCBS)			
PPO Employer share of premium - 60%	Total Monthly Premium	Town Monthly Share of Premium	Employee Monthly Share of Premium
HMO Employer Share of Premium - 65%			
PPO: Blue Care Elect Enhanced Value			
Individual	\$1,237.57	\$742.54	\$495.03
Family	\$3,246.14	\$1,947.68	\$1,298.46
HMO NE Blue - Premium Plan - Network Blue NE Enhanced Value			
Individual	\$1,143.65	\$743.37	\$400.28
Family	\$2,999.80	\$1,949.87	\$1,049.93
HMO NE Blue - Value Plan - Network Blue NE Enhanced Value			
Individual	\$1,094.21	\$711.24	\$382.97
Family	\$2,870.12	\$1,865.58	\$1,004.54
Access Blue N.E. Saver - ACA Minimum Credible Coverage Plan			
\$3,000/\$6,000 Deductible			
Individual	\$759.26	\$493.52	\$265.74
Family	\$2,047.89	\$1,331.13	\$716.76
ACA Minimum Credible Coverage Plan <u>Only</u> - If you earn under \$22.41/hour your premium deduction is based on your income. If you would like more information about this ACA Minimum Credible Coverage Plan, please contact Human Resources at 978-399-2915.			

Voluntary Town Life Insurance - \$10K		
0% increase		
50% Employee/50% Retiree Share		
Active	\$10,000.00	\$.50/month
Active 65+	\$6,700.00	\$.34/month
Active 70+	\$5,500.00	\$.28/month
Retiree	\$1,500.00	\$.35/month

Accident Insurance - 0% Increase	
Single	\$10.16
Single plus Spouse	\$14.72
Single plus children	\$18.01
Family	\$27.54

Medicare Supplemental Plans			
Medicare Supplemental - <u>Employer</u> share of premium - 60%			
Rates Effective 1/1/2023 - 12/31/2023 - Individual Plans		Retiree Share	
Medex 2 with PDP	\$361.06	\$216.64	\$144.42
Medicare PPO Blue Freedom Rx	\$357.00	\$214.20	\$142.80
New Rates Effective 1/1/2024 - Individual Plans		Retiree Share	
Medex 2 with PDP - 6.7% Increase	\$385.36	\$231.22	\$154.14
Medicare PPO Blue Freedom Rx - 2.5% Increase	\$366.00	\$219.60	\$146.40

Dental - MetLife - New 11/1/23 - 0% Increase		
	High Option	Low Option
Employee	\$59.32	\$39.90
Employee + 1 dependent (2-person)	\$119.77	\$85.01
Employee + 2 or more dependents (family)	\$170.70	\$118.93

Vision - MetLife VSP Vision Plan - 0% Increase	
Employee only (single)	\$8.81
Employee + 1 dependent (2-person)	\$20.61
Employee + two or more dependents (family)	\$26.24

The above premiums are monthly.

The Town does not contribute to voluntary dental, vision, LTD, STD, life, or accident insurance.

The Town does contribute 50% of the premium to the active town life insurance (\$10K).

The voluntary plans are only available to benefit eligible active employees.