

FY22 Benefit Rates

GROUP HEALTH INSURANCE – MIIA/Blue Cross Blue Shield Plans

30 day waiting period from date of hire.

City contributes 85% of premium; employee contributes 15% of premium for HMO and Access Blue Saver.

City contributes 82% of premium; employee contributes 18% of premium for Blue Care Elect PPO.

HMO Blue New England	22 pay periods	500/1000 deductible
FAMILY	\$147.59/bi-wk	\$295.17/mo
INDIVIDUAL	\$61.08/bi-wk	\$122.18/mo

Blue Care Elect PPO	22 pay periods	500/1000 deductible
FAMILY	\$205.28/bi-wk	\$410.56/mo
INDIVIDUAL	\$84.97/bi-wk	\$169.94/mo

Access Blue NE Saver	22 pay periods	2000/4000 deductible
FAMILY	\$133.48/bi-wk	\$266.96/mo
INDIVIDUAL	\$55.25/bi-wk	\$110.50/mo

A waiver must be signed by new employees if you do not wish to enroll in the health insurance.

Premiums are paid on a pre-tax basis.

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General MIIA/BCBS Information:

The City of Peabody offers three Blue Cross Blue Shield plans that are purchased from the Massachusetts Inter-Local Insurance Association (MIIA). HMO Blue NE and BCE PPO have the same benefit coverage, co-pays, and a \$500.00 per member deductible (or \$1,000.00 per family). Eligible employees may enroll in an individual plan or family plan. These plans also have a prescription drug deductible of \$100 per individual and \$200 per family. These prescription drug deductible amounts will be credited back to employees enrolled in the PPO plan and the HMO Blue NE Plan in November 2022 pursuant to the PEC Agreement. Also pursuant to a MIIA FY22 discount you will not pay your premium contribution for the month of October 2021 for all plans. Eligible dependents include spouse and/or dependent children up to age 26. Marriage and birth certificates are required to enroll family members.

HMO Blue New England is an HMO (Health Maintenance Organization) plan with a network of doctors and hospitals in New England. You must have a primary care physician and get referrals to see specialists.

Access Blue NE Saver is a new Blue Cross Blue Shield High Deductible HMO plan. Deductibles for this plan are \$2,000 per individual and \$4,000 per family, and employees that enroll in this plan will be eligible to enroll in a Healthcare Savings Account (HSA) through Benefits Strategies. Remote webinars and information on how this plan with an HSA works are available on the Human Resources website: <https://www.peabody-ma.gov/hr.html>.

Blue Care Elect is a PPO (Preferred Provider Organization) plan with a network of doctors and hospitals throughout the country as well as out of network coverage. Out of network coverage includes \$500.00 per member deductible (or \$1000.00 per family) and 20% coinsurance. You may see specialists without referrals.

ALTUS DENTAL INSURANCE FY22 RATES

30 Day waiting period from date of hire.

Bi-weekly = 24 pay periods

<u>HIGH PLAN-ENHANCED</u>		
FAMILY	\$56.07/bi-wk	\$112.14/mo
INDIVIDUAL	\$22.43/bi-wk	\$44.86/mo

<u>LOW PLAN-BASIC</u>		
FAMILY	\$45.06/bi-wk	\$90.12/mo
INDIVIDUAL	\$16.11/bi-wk	\$32.22/mo

General Information:

The Low Plan includes preventive and basic services. The High Plan includes preventive, basic and major services. There is a \$50 calendar year deductible for individuals and \$150 for families for both plans. The deductible is waived for preventive services. If the estimated cost of a recommended treatment plan exceeds \$300, your dentist must submit a pre-treatment form for review before treatment begins.

When you receive care from a participating dentist, your out-of-pocket expense will be less because the dentist has agreed to accept the allowance as full payment minus your co-insurance and deductibles.

You also have the freedom to receive care from dentists who do not belong to the network. However, you may be balanced billed for the difference between the allowed rate and your dentist's rate.

If your annual dental reimbursements fall below a certain amount, a portion of your benefit will be carried forward into the following year providing additional value.

See your benefits highlights for a comprehensive listing of covered services.

A waiver must be signed by new employees if you do not wish to enroll in the dental insurance.

Premiums are paid on a pre-tax basis.



LIFE INSURANCE – THE STANDARD LIFE INSURANCE COMPANY

PLAN A: BASIC \$5,000 TERM POLICY - \$4.86/month (pre-tax)

The City of Peabody offers \$5,000 of Term Life and AD&D insurance to all active employees. Full cost of premium is \$9.72; the cost is shared 50/50 between the city and employee.

PLAN B: VOLUNTARY ADDITIONAL TERM LIFE/ AD&D FOR EMPLOYEES AND DEPENDENTS- AGE BANDED

This plan allows you to receive additional life insurance, provided you have enrolled in the BASIC \$5,000 Group Term Life Insurance. This voluntary life insurance is available in units of \$10,000. The amount may not exceed five times your annual salary. You may pay the entire cost through payroll deductions. **For policies over \$100,000 medical evidence of insurability is required.**

NOTE: As your age increases to a new band, your rate will be increased. All benefits terminate upon retirement. For reductions or exclusions please see the certificate.

BIWEEKLY COST:

AGE	Per \$1,000	\$10,000	\$20,000	\$50,000	\$100,000
Under 30	0.070	0.46	.92	2.31	4.62
30 to 35	0.070	0.46	.92	2.31	4.62
35 to 39	0.120	0.69	1.38	3.46	6.92
40 to 44	0.190	1.02	2.03	5.08	10.15
45 to 49	0.290	1.48	2.95	7.38	14.77
50 to 54	0.470	2.31	4.62	11.54	23.08
55 to 59	0.790	3.78	7.57	18.92	37.85
60 to 64	1.110	5.26	10.52	26.31	52.62
65 to 69	1.770	8.31	16.62	41.54	83.08
70 and up	3.860	17.95	35.91	89.77	179.54

BLUE 20/20 VISION PLAN

Provides coverage for eye exams, lenses, frames and contacts.

MONTHLY COST:

<u>EMPLOYEE</u>	<u>EMPLOYEE/SPOUSE</u>	<u>EMPLOYEE/CHILD</u>	<u>FAMILY</u>
\$5.74	\$9.76	\$10.05	\$15.79

