

HEALTH, DENTAL, & VISION INSURANCE RATES SCHOOL YEAR 2022-2023

<u>Plan</u>	<u>Type</u>	<u>Employee Portion</u>	
Medical			
<u>HMO Blue New England</u>	Individual	\$63.27 Biweekly	\$126.54 Monthly
	Family	\$152.85 Biweekly	\$305.70 Monthly
<u>Access Blue NE Saver</u>	Individual	\$57.23 Biweekly	\$114.46 Monthly
<u>High Deductible HMO</u>	Family	\$138.25 Biweekly	\$276.50 Monthly
<u>Blue Care Elect PPO</u>	Individual	\$97.79 Biweekly	\$195.58 Monthly
	Family	\$236.24 Biweekly	\$472.48 Monthly

Blue 20/20 Vision Plan	Employee	\$5.54 Monthly
	Employee/Spouse	\$9.42 Monthly
	Employee/Child	\$9.70 Monthly
	Family	\$15.23 Monthly

Altus Dental

High Plan	Single: \$44.85 Monthly	Family: \$112.17 Monthly (Annual Max. \$1500)
Low Plan	Single: \$32.21 Monthly	Family: \$90.11 Monthly (Annual Max. \$1000)