

HEALTH & VISION INSURANCE RATES SCHOOL YEAR 2022-2023

Plan	Type	Employee Portion
HMO Blue New England	Individual	\$63.27 Biweekly
	Family	\$152.85 Biweekly
Access Blue NE Saver	Individual	\$57.23 Biweekly
<u>High Deductible HMO</u>	Family	\$138.25 Biweekly
Blue Care Elect PPO	Individual	\$97.79 Biweekly
	Family	\$236.24 Biweekly
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Blue 20/20 Vision Plan	Employee	\$5.74 Monthly
	Employee/Spouse	\$9.76 Monthly
	Employee/Child	\$10.05
	Family	\$15.79