

## FY23 HEALTH INSURANCE COST BREAKDOWN (6/1/2022 - 5/31/2023)\*

CARRIER NAME	PLAN COVERAGE	ANNUAL PREMIUM	BI-WEEKLY PREMIUM (100%) (26 PAY PERIODS)**	TOWN SHARE (75%)	EMPLOYEE SHARE (25%)	TOTAL EMPLOYEE SHARE FOR FY23	FY22 PLAN INCREASE
Tufts HMO	Individual	\$ 11,424.00	\$ 439.38	\$ 329.54	\$ 109.85	\$ 2,856.00	7%
Tufts HMO	Family	\$ 31,008.00	\$ 1,192.62	\$ 894.46	\$ 298.15	\$ 7,752.00	7%
Tufts POS	Individual	\$ 32,136.00	\$ 1,236.00	\$ 927.00	\$ 309.00	\$ 8,034.00	8%
Tufts POS	Family	\$ 84,792.00	\$ 3,261.23	\$ 2,445.92	\$ 815.31	\$ 21,198.00	8%
Harvard Pilgrim HMO	Individual	\$ 12,360.00	\$ 475.38	\$ 356.54	\$ 118.85	\$ 3,090.00	8%
Harvard Pilgrim HMO	Family	\$ 32,496.00	\$ 1,249.85	\$ 937.38	\$ 312.46	\$ 8,124.00	8%
Harvard Pilgrim PPO	Individual	\$ 27,132.00	\$ 1,043.54	\$ 782.65	\$ 260.88	\$ 6,783.00	8%
Harvard Pilgrim PPO	Family	\$ 71,628.00	\$ 2,754.92	\$ 2,066.19	\$ 688.73	\$ 17,907.00	8%
BCBS HMO	Individual	\$ 10,596.00	\$ 407.54	\$ 305.65	\$ 101.88	\$ 2,649.00	N/A
BCBS HMO	Family	\$ 28,284.00	\$ 1,087.85	\$ 815.88	\$ 271.96	\$ 7,071.00	N/A
BCBS HMO - Select	Individual	\$ 9,852.00	\$ 378.92	\$ 284.19	\$ 94.73	\$ 2,463.00	N/A
BCBS HMO - Select	Family	\$ 26,352.00	\$ 1,013.54	\$ 760.15	\$ 253.38	\$ 6,588.00	N/A

\* Health Insurance deductions are taken one month in advance, so FY23 deductions will begin 5/1/2022

\*\* Health insurance deductions will be taken in each pay period 26 times a year.