

Town of Medfield

Health-Life-Dental Insurance Rates

July 1, 2024-June 30, 2025

BASED ON 24 PAYS

3rd ppd of month NO INSURANCE WILL BE DEDUCTED

BCBS HMO PLAN	INDIVIDUAL (\$500 Deductible)	FAMILY (\$1000 Deductible)	Town %	Employee %	Rate Changes Effective
Total Monthly Cost	\$943.34	\$2,454.00			July 1st
Town Share	\$584.87	\$1,521.48	62%		
Employee Share - Monthly	\$358.47	\$932.52		38%	
Bi-Monthly	\$179.24	\$466.26			
COBRA	\$962.21	\$2,503.08		102%	
Retiree Share-monthly	\$471.67	\$1,227.00		50%	

BCBS PPO PLAN	INDIVIDUAL (\$500 Deductible)	FAMILY (\$1000 Deductible)	Town %	Employee %	Rate Changes Effective
Total Monthly Cost	\$953.01	\$2,480.07			July 1st
Town Share	\$476.51	\$1,240.04	50%		
Employee Share - Monthly	\$476.51	\$1,240.04		50%	
Bi-Monthly	\$238.26	\$620.02			
COBRA	\$972.07	\$2,529.67		102%	
Retiree Share-monthly	\$476.51	\$1,240.04		50%	

BCBS ACCESS BLUE HMO NE SAVER	INDIVIDUAL (\$2000 Deductible)	FAMILY (\$4000 Deductible)	Town %	Employee %	Rate Changes Effective
Town HSA Annual Deductible Contribution	\$1,000.00	\$2,000.00			July 1st
Total Monthly Cost	\$838.89	\$2,182.26			
Town Share	\$520.11	\$1,353.00	62%		
Employee Share - Monthly	\$318.78	\$829.26		38%	
Bi-Monthly	\$159.39	\$414.63			
COBRA	\$855.67	\$2,225.91		102%	

BCBS DENTAL (2 options)	INDIVIDUAL	FAMILY	Town %	Employee %	Rate Changes Effective
Dental Blue VALUE MA Providers					
Total Cost -Monthly	\$28.62	\$70.86		100%	July 1st
Employee Share - Monthly	\$28.62	\$70.86			
Bi-Monthly	\$14.31	\$35.43			
Dental Blue FREEDOM PPO					
Total Cost -Monthly	\$39.45	\$100.60		100%	July 1st
Employee Share - Monthly	\$39.45	\$100.60			
Bi-Monthly	\$19.73	\$50.30			

LIFE INSURANCE		Town %	Employee %	Rate Changes Effective
BASIC - \$5000				
Total Monthly Cost	\$7.45			July 1st
Bi-Monthly	\$1.87	50%	50%	
Additional Voluntary				
Bi-Monthly	\$1.95		100%	July 1st
\$3.90 per \$5,000 Coverage up to \$50,000 - Drops to \$5000 at retirement				

VISION INSURANCE - Voluntary	Bi-Monthly	Town %	Employee %	Rate Changes Effective
Individual (\$5.54/month)	\$2.77		100%	July 1st
Employee+ Spouse (\$9.42/month)	\$4.71			
Employee+ Child(ren) (\$9.70/month)	\$4.85			
Family (\$15.23/month)	\$7.63			

MEDICARE ELIGIBLE RETIREE PLANS		Town %	Employee %	Rate Changes Effective
Blue Cross/Blue Shield Medex 2 w/ Drug Rider				
January 1st				
Total Monthly Cost	\$360.36			
Town Monthly Share	\$180.18	50%		
Retiree Share- Monthly	\$180.18		50%	
Retiree LIS (Low income subsidy) share	\$136.54			