

BENEFITS/DEDUCTION AMOUNTS

FY 2024

Health Insurance		Total Monthly cost	Employee Monthly Cost	12/Months Bi/Wkly/24	10/Months Bi/Wkly/19
Network Blue with Dental Rider					
Town 4056886-2319112	Ind	\$940.04	\$235.00	\$117.50	\$148.42
School 4056887-2319113	Fam	\$2,542.03	\$635.50	\$317.75	\$401.37
Cobra 4056888-2319114					
Retiree 4056889-2319115					
Network Blue - No Dental Rider					
Town 4056886	Ind	\$916.07	\$229.02	\$114.51	\$144.64
School 4056887	Fam	\$2,477.18	\$619.30	\$309.65	\$391.13
Blue Care Elect PPO					
Town 2347958	Ind	\$1,186.14	\$296.54	\$148.27	\$187.29
School 2347959	Fam	\$2,866.87	\$716.72	\$358.36	\$452.66
Cobra 2347960					
Retiree 2347961					
Tefra 2347962					
Select Care HMO BCBS					
Town 4061403	Ind	\$965.98	\$241.48	\$120.74	\$152.51
School 4061404	Fam	\$2,612.12	\$653.02	\$326.51	\$412.43
Altus Dental					
School 2040-0002	Ind		\$40.50	\$20.25	\$25.58
	Fam		\$118.58	\$59.29	\$74.89

	Coverage Amount	Employee Cost (annual)		
Basic Life			Mo.	10/Deduct.
Group # 26051 - 011	\$10,000.00	\$26.00	\$2.17	\$2.60

Blue 20/20 Vision Group #19231	Ind			\$7.40	\$8.88
	Ind+Spouse			\$12.58	\$15.10
	Ind+Child(ren)			\$12.95	\$15.54
	Fam			\$20.36	\$24.43

Updated: May 9, 2023

change by 1c.