

## TOWN OF CARVER BENEFITS DEDUCTION AMOUNTS

FY 2027 7/1/2026 - 6/30/2027

EMPLOYEE PAYROLL DEDUCTION

MIIA CARVER HEALTH INSURANCE PLANS		Total Monthly Cost	Employee Monthly Cost	12/Months Bi/Wkly/24	10/Months Bi/Wkly/19
<u>NETWORK BLUE NE \$500 Deductible HMO</u>					
<u>With Altus Dental (low plan) - used to be called "dental rider"</u>					
	Ind	1,388.55	347.14	173.57	219.24
	Fam	3,759.88	939.98	469.99	593.67

<u>NETWORK BLUE NE \$500 Deductible HMO</u>					
	Ind	1,364.11	341.04	170.52	215.39
	Fam	3,688.74	922.20	461.10	582.44

<u>BLUE CARE ELECT \$500 Deductible PPO</u>					
	Ind	1,614.15	403.54	201.77	254.87
	Fam	4,364.89	1,091.22	545.61	689.19

<u>NETWORK BLUE SELECT \$1000 Deductible HMO</u>					
	Ind	1,145.47	286.38	143.19	180.87
	Fam	3,097.52	774.38	387.19	489.08

<u>ACCESS BLUE SAVER NE HMO</u>					
	Ind	1,159.07	289.78	144.89	183.02
	Fam	3,134.27	783.58	391.79	494.89

<u>Altus Dental</u>	Ind		43.32	21.66	27.36
	Fam		126.88	63.44	80.13
<b>Altus Dental RETIREES</b>	Ind		54.04		
	2 Person		108.08		
	Fam		189.12		

	Coverage Amount	Monthly Cost	Employee Per Month	Cost 10/Deduct.
<b>Basic Life</b>				
Group # 26051 - 011 ACTIVE EMPLOYEE	10,000.00	8.70	2.17	2.60
Group # 26051 - 011 RETIREES	5,000.00	4.35	1.09	N/A
<b>Special Life - 100% Employee Paid</b>				
Group # 26051 - 012	5,000.00		4.00	

<u>ALTUS VISION</u>	Ind		5.25	5.25	6.30
	Ind+Spouse		10.50	10.50	12.60
	Ind+Child(ren)		11.03	11.03	13.24
	Fam		15.23	15.23	18.28