CITY OF NEWBURYPORT
FY2022 BENEFIT PLAN RATES
Effective 7/1/21 - 6/30/22

EMPLOYEE BENEFIT PLANS	TYPE	TOTAL 100% MONTHLY COST	EMPLOYEE CONTRIBUTION 25% MONTHLY	EMPLOYEE CONTRIBUTION 25% BI-WEEKLY	CITY CONTRIBUTION 75% MONTHLY
MIIA-BCBSMA HEALTH INSURANCE					
HMO Blue NE Option	Individual	$ 886.05	**$ 221.51**	**$ 110.76**	$ 664.54
Network Blue NE Deductible	Family	$ 2,321.58	**$ 580.40**	**$ 290.20**	$ 1,741.19
PPO Blue Option	Individual	$ 1,028.89	**$ 257.22**	**$ 128.61**	$ 771.67
Blue Care Elect Preferred	Family	$ 2,696.01	**$ 674.00**	**$ 337.00**	$ 2,022.01
HMO Limited Network Option	Individual	$ 824.02	**$ 206.01**	**$ 103.00**	$ 618.02
Network Blue Select	Family	$ 2,159.06	**$ 539.77**	**$ 269.88**	$ 1,619.30
ALTUS DENTAL	Ind. - Low	$36.06	**$26.06**		$ 10.00
	Family - Low	$87.16	**$77.16**		$ 10.00
	Ind. - High	$44.12	**$34.12**		$ 10.00
	Family - High	$106.59	**$96.59**		$ 10.00
BOSTON MUTUAL LIFE INSURANCE					
Police & Fire	Police & Fire	$ 12.10	**$ 0.52**		$ 11.58
All Other Employees	Individual	$ 6.05	**$ 0.52**		$ 5.53