

Fiscal Year 2024 Benefit Rates

EFFECTIVE DATE	MEDICAL PLAN	TYPE	HARPERS CODE	TOTAL	EMPLOYEE CONTRIBUTION	EMPLOYEE CONTRIBUTION	CITY CONTRIBUTION
				100% MONTHLY COST	25% MONTHLY	25% BI-WEEKLY	75% MONTHLY
07/01/2023 - 06/30/2024	HMO BLUE NE OPTIONS	INDIVIDUAL	HLT10	\$ 886.05	\$ 221.51	\$ 110.76	\$ 664.54
		IND + 1		\$1,772.10	\$ 443.03	\$ 221.51	\$ 1,329.08
	Network Blue NE Deductible	FAMILY	HLT20	\$2,509.96	\$ 627.49	\$ 313.75	\$ 1,882.47
07/01/2023 - 06/30/2024	PPO BLUE OPTIONS	INDIVIDUAL	HLT30	\$1,028.89	\$ 257.22	\$ 128.61	\$ 771.67
		IND + 1		\$2,057.78	\$ 514.45	\$ 257.22	\$ 1,543.34
	Blue Care Elect Preferred	FAMILY	HLT40	\$2,966.45	\$ 741.61	\$ 370.81	\$ 2,224.84
07/01/2023 - 06/30/2024	HMO LIMITED NETWORK	INDIVIDUAL	HLT50	\$ 824.02	\$ 206.01	\$ 103.00	\$ 618.02
		IND + 1		\$1,648.04	\$ 412.01	\$ 206.01	\$ 1,236.03
	Network Blue Select	FAMILY	HLT60	\$2,286.82	\$ 571.71	\$ 285.85	\$ 1,715.12
07/01/2023 - 06/30/2024	ALTUS DENTAL (ACTIVE EMPLOYEES)	IND - LOW	DEN10	\$38.22	\$28.22		\$ 10.00
		IND + 1 - LOW		\$76.45	\$66.45		\$ 10.00
		FAM - LOW	DEN30	\$96.56	\$86.56		\$ 10.00
		IND - HIGH	DEN20	\$46.77	\$36.77		\$ 10.00
		IND + 1 - HIGH		\$93.53	\$83.53		\$ 10.00
		FAM - HIGH	DEN40	\$119.76	\$109.76		\$ 10.00
07/01/2023 - 06/30/2024	BOSTON MUTUAL	ACTIVE EE	LIF10	\$ 7.25	\$ 0.52		\$ 6.73
		POLICE & FIRE	LIF10	\$ 14.50	\$ 0.52		\$ 13.98
		CALENDAR YEAR 2024					
01/01/24 - 12/31/24	MEDEX *	INDIVIDUAL		\$ 360.58	\$ 90.15		\$ 270.44
01/01/24 - 12/31/24	MEDEX-LIS * (Retiree should pay \$55.45/Credit is \$3)	INDIVIDUAL		\$ 325.88	\$ 55.45		\$ 270.43
01/01/24 - 12/31/24	Medicare Part B \$174.80 for CY2024 (Increase of \$9.90)						
CALENDAR YEAR 2023							
01/01/23 - 12/31/23	MEDEX *	INDIVIDUAL		\$ 340.87	\$ 85.22		\$ 255.65
01/01/23 - 12/31/23	MEDEX-LIS * (Retiree should pay \$51.82/Credit is \$3)	INDIVIDUAL		\$ 307.47	\$ 51.82		\$ 255.65
01/01/23 - 12/31/23	Medicare Part B \$164.90 for CY2023 (Decrease of \$5.20)						
07/01/2023 - 06/30/2024	ALTUS DENTAL (RETIREE)	INDIVIDUAL		\$ 53.19	\$ 53.19		\$ -
		2 PERSON		\$ 106.36	\$ 106.36		\$ -
		FAMILY		\$ 186.13	\$ 186.13		\$ -
07/01/2023 - 06/30/2024	ALTUS VISION (EVERYONE)	INDIVIDUAL		\$ 6.14			\$ -
		EMP + SPOUSE		\$ 12.28			\$ -
		EMP + CHILD		\$ 15.76			\$ -
		FAMILY		\$ 24.09			\$ -

<https://planinfo.bluecrossma.com/customblue/2019/miacityofnewburyport>

<https://www.altusdental.com>

<https://www.bostonmutual.com>