

TO: ALL TOWN ELIGIBLE EMPLOYEES
 FROM: PAYROLL & BENEFITS OFFICE
payroll-benefits@hanoverschools.org

FY 17 INSURANCE RATES - OPEN ENROLLMENT

PLAN NAME	GROUP	WEEKLY	BI WEEKLY	42 PAY*	EMPLOYEE MONTHLY COST
BCBS- Blue Care Elect Rate Saver	Individual	\$129.50	\$259.00	\$148.00	\$518.00
	Family	\$307.00	\$614.00	\$350.86	\$1,228.00
BCBS- Blue Care Elect Benchmark	Individual	\$120.75	\$241.50	\$138.00	\$483.00
	Family	\$286.50	\$573.00	\$327.43	\$1,146.00
BCBS- Network Blue Rate Saver	Individual	\$89.00	\$178.00	\$101.71	\$356.00
	Family	\$237.25	\$474.50	\$271.14	\$949.00
BCBS- Network Blue Benchmark	Individual	\$85.25	\$170.50	\$97.43	\$341.00
	Family	\$227.13	\$454.25	\$259.57	\$908.50
HARVARD PILGRIM - HMO Rate Saver	Individual	\$96.00	\$192.00	\$109.71	\$384.00
	Family	\$255.63	\$511.25	\$292.14	\$1,022.50
HARVARD PILGRIM - Benchmark	Individual	\$92.00	\$184.00	\$105.14	\$368.00
	Family	\$245.00	\$490.00	\$280.00	\$980.00
RETIREES					
BCBS-Medex	Individual Only				\$218.50
HPHC Medicare Enhance	Individual Only				\$241.50

Dental Insurance (Active Employees Only)

Dental is offered as an optional insurance with no Town contribution. There is NO increase for the FY17 year.

The Weekly/Bi-Weekly payroll deductions for the Dental Insurance are as follows:

Plan Name	Group	Weekly	Bi Weekly	42 Pays*	Employee's Monthly Cost
Delta Dental Premier	Individual	\$9.75	\$19.50	\$11.14	\$39.00
Delta Dental Premier	Family	\$24.25	\$48.50	\$27.71	\$97.00

*42 Pay applies to cafeteria employees, paraprofessionals and tutors