

TOWN OF NORTH ATTLEBOROUGH
HEALTH INSURANCE PLAN RATES

FY2023 Effective 7-1-2022 0% Increase

PPO PLAN —MIIA BLUE CARE ELECT—Benchmark 2

DEDUCTIBLE PLAN \$300.00 Per Individual / \$900.00 Per Family Maximum

				INDIVIDUAL	FAMILY
TOTAL MONTHLY PREMIUM				\$1,464.36	\$3,644.18
TOWN	Monthly Cost	75%		\$1,098.28	\$2,733.14
EMPLOYEE	Monthly Cost	25%		\$366.08	\$911.04
(NO DEDUCTIONS ON (7/29 & 12/30) 24 BI-WEEKLY DEDUCTIONS				\$183.04	\$455.52
<p><u>10 MONTH EMPLOYEES</u> will pay an additional deduction for July & August Premium that will be taken from September through May following the summer months of coverage OR employees may pay by check.</p>					

HMO PLAN—MIIA NETWORK BLUE NEW ENGLAND—Benchmark 2

DEDUCTIBLE PLAN \$300.00 Per Individual / \$900.00 Per Family Maximum

				INDIVIDUAL	FAMILY
TOTAL MONTHLY PREMIUM				\$816.56	\$2140.06
TOWN	Monthly Cost	75%		\$612.42	\$1,605.06
EMPLOYEE	Monthly cost	25%		\$204.14	\$535.00
(NO DEDUCTIONS ON (7/29 & 12/30) 24 BI-WEEKLY DEDUCTIONS				\$102.07	\$267.50
<p><u>10 MONTH EMPLOYEES</u> will pay an additional deduction for July & August Premium that will be taken from September through May following the summer months of coverage OR employees may pay by check.</p>					

Co-Pays for HMO & PPO—No Changes

		Prescription Drug Benefits		
			Retail RX	Mail Order
Primary Care Visit	\$20.00 — per visit, not deductible			
ER Care	\$100.00 - per visit after deductible (co-payment waived if admitted or for observations stay)			
Hospital Stay	\$275.00 — per admission after deductible (\$1500.00 per admission after deductible for higher cost share hospitals)	Generic	\$10.00	\$25.00
Out Patient	\$250.00 — per admission after deductible	Preferred	\$30.00	\$75.00
Imaging	\$100.00 per category per service date after deductible	Non - Preferred	\$65.00	\$165.00