

Fiscal Year 2024 Health Insurance Rates

Benchmark Plans

Please note the following rates are the employee's contribution to monthly health insurance premiums. Weekly deductions are taken 48 times per year, bi-weekly 24 times per year and monthly 12 times per year. Employer Contribution: 60%

Carrier	% Increase/Decrease	Individual	Family	100% Surviving Spouse	
				Individual	Family
Blue Cross, Network Blue Select**	10%	\$364.00	\$979.20	\$910.00	\$2,448.00
Blue Cross Network Blue NE	10%	\$390.80	\$1,052.00	\$977.00	\$2,630.00
Harvard Pilgrim Choice Net	10%	\$487.60	\$1,270.80	\$1,219.00	\$3,177.00
Tufts Navigator(WSHG)	10%	\$516.00	\$1,350.80	\$1,290.00	\$3,377.00

**limited network plan

High Deductible Plans with a Qualifying Health Savings Account

Please note the following rates are the employee's contribution to monthly health insurance premiums. Weekly deductions are taken 48 times per year, bi-weekly 24 times per year and monthly 12 times per year. Employer Contribution: 60%

Carrier	% Increase/Decrease	Individual	Family	100% Surviving Spouse	
				Individual	Family
Blue Cross, Network Blue Select**	0% (new)	\$306.80	\$827.20	\$767.00	\$2,068.00
Blue Cross, Network Blue NE	10%	\$329.20	\$887.20	\$823.00	\$2,218.00
Harvard Pilgrim Choice Net	10%	\$377.60	\$985.20	\$944.00	\$2,463.00
Tufts Navigator (WSHG)	10%	\$399.60	\$1,046.00	\$999.00	\$2,615.00

**limited network plan

Harvard Pilgrim PPO Plan- For Retirees Under Age 65

Please note the following rates are the employee's contribution to monthly health insurance premiums. Weekly deductions are taken 48 times per year, bi-weekly 24 times per year and monthly 12 times per year. Employer Contribution: 50%

Carrier	Percent Increase	Individual	Family	100% Surviving Spouse	
				Individual	Family
Harvard Pilgrim	10%	\$1,513.00	\$3,360.00	\$3,026.00	\$6,720.00

