

**MONTHLY HEALTH INSURANCE RATES EFFECTIVE 7/1/2019 – 6/30/2020**

		Full Amount	Town Share	Employee Share	Bi-Weekly	School Year
<b>Employees:</b>						
Network Blue VALUE	Individual	\$835.00	\$526.90	\$308.10	\$154.05	\$231.08
Non GF	Family	\$2,191.00	\$1,343.08	\$847.92	\$423.96	\$635.94
Blue Care Elect VALUE	Individual	\$1,500.00	\$787.50	\$712.50	\$356.25	\$534.38
Non GF	Family	\$3,732.00	\$1,959.30	\$1,772.70	\$886.35	\$1,329.53
<b>Retirees:</b>						
Network Blue VALUE	Individual	\$835.00	\$417.50	\$417.50		
Non GF	Family	\$2,191.00	\$1,095.50	\$1,095.50		
Blue Care Elect VALUE	Individual	\$1,500.00	\$750.00	\$750.00		
Non GF	Family	\$3,732.00	\$1,866.00	\$1,866.00		

**Employees:**

Network Blue DEDUCTIBLE	Individual	\$788.00	\$497.24	\$290.76	\$145.38	\$218.07
	Family	\$2,064.00	\$1,265.24	\$798.76	\$399.38	\$599.07
Blue Care Elect DEDUCTIBLE	Individual	\$1,357.00	\$712.44	\$644.56	\$322.28	\$483.42
	Family	\$3,376.00	\$1,772.40	\$1,603.60	\$801.80	\$1,202.70
<b>Retirees:</b>						
Network Blue DEDUCTIBLE	Individual	\$788.00	\$394.00	\$394.00		
	Family	\$2,064.00	\$1,032.00	\$1,032.00		
Blue Care Elect DEDUCTIBLE	Individual	\$1,357.00	\$678.50	\$678.50		
	Family	\$3,376.00	\$1,688.00	\$1,688.00		

**MONTHLY HEALTH INSURANCE RATES EFFECTIVE 1/1/2019 – 12/31/2019**

Medex -	\$382.66	\$191.33	\$191.33
Managed Blue -	\$345.09	\$172.55	\$172.54