

**TOWN OF CANTON
EMPLOYEES/RETIREES
INSURANCE RATES EFFECTIVE JULY 1, 2022**

PLAN NAME	COST PER YEAR			COST PER MONTH			EMPLOYEE SHARE		
	100% TOTAL COST	TOWN'S SHARE	EMPLOYEE / RETIREE SHARE	100% TOTAL COST	TOWN'S SHARE	EMPLOYEE/ RETIREE SHARE	WEEKLY DEDUCTION	21 CHECKS	26 CHECKS
BCBS HMO BLUE NEW ENGLAND:									
INDIVIDUAL	10,152.96	7,614.72	2,538.24	846.08	634.56	211.52	48.81	120.87	97.62
FAMILY	26,685.96	20,014.47	6,671.49	2,223.83	1,667.87	555.96	128.30	317.69	256.60
BCBS PPO (BLUE CARE ELECT):									
INDIVIDUAL	15,649.20	11,736.90	3,912.30	1,304.10	978.08	326.03	75.24	186.30	150.47
FAMILY	37,123.92	27,842.94	9,280.98	3,093.66	2,320.25	773.42	178.48	441.95	356.96
DELTA DENTAL:									
INDIVIDUAL (basic plan)	277.20	207.90	69.30	23.10	17.33	5.77	1.33	3.30	2.67
FAMILY (basic plan)	942.48	706.86	235.62	78.54	58.91	19.63	4.53	11.22	9.06
INDIVIDUAL (enhanced plan)**	423.60	207.90	215.70	35.30	17.33	17.97	4.15	10.27	8.30
FAMILY (enhanced plan)**	1,528.08	706.86	821.22	127.34	58.91	68.43	15.79	39.11	31.59
BCBS MEDEX (Medicare A&B required):									
INDIVIDUAL	4,095.12	3,071.34	1,023.78	341.26	255.95	85.32	NA	NA	NA
\$5,000 LIFE INSURANCE:	97.80	73.35	24.45	8.15	6.11	2.04	0.47	1.16	0.94

**The Town's share of the enhanced dental plan is the same as the Town's share of the basic dental plan. The employee/retiree pays for the remaining balance for the cost of the enhanced dental plan.