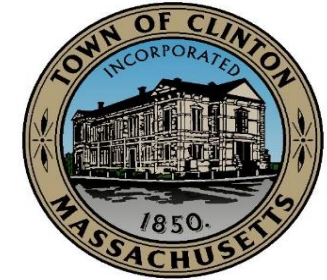


Town of Clinton

FY2024 Health Insurance Cost Grid (7/01/23 - 6/30/24)



Minuteman Nashoba
Health Group (MNHG)

Percentage Increase from FY2023:

13.75%

FY24

Plans Offered	Total Premium	Active Employee					Retiree	
		Town Monthly Contribution	Employee Monthly Contribution	Contribution by Payroll			Town Monthly Contribution	Retiree Monthly Contribution
				School	Lunch	Town		
				26 Pays	40 Pays	52 Pays		
100%	70% - Town	30% - Active	60% - Town	40% - Retiree				
BCBS HMO - Select - Individual	\$ 934.00	\$ 653.80	\$ 280.20	\$ 129.32	\$ 84.06	\$ 64.66	\$ 560.40	\$ 373.60
BCBS HMO - Select - Family	\$ 2,498.00	\$ 1,748.60	\$ 749.40	\$ 345.88	\$ 224.82	\$ 172.94	\$ 1,498.80	\$ 999.20
BCBS HMO - (NE) Individual	\$ 1,004.00	\$ 702.80	\$ 301.20	\$ 139.02	\$ 90.36	\$ 69.51	\$ 602.40	\$ 401.60
BCBS HMO - (NE) Family	\$ 2,681.00	\$ 1,876.70	\$ 804.30	\$ 371.22	\$ 241.29	\$ 185.61	\$ 1,608.60	\$ 1,072.40
Harvard HMO - Individual	\$ 1,172.00	\$ 820.40	\$ 351.60	\$ 162.28	\$ 105.48	\$ 81.14	\$ 703.20	\$ 468.80
Harvard HMO - Family	\$ 3,080.00	\$ 2,156.00	\$ 924.00	\$ 426.46	\$ 277.20	\$ 213.23	\$ 1,848.00	\$ 1,232.00
Harvard PPO - Individual*	\$ 2,572.00	\$ 1,800.40	\$ 771.60	\$ 356.12	\$ 231.48	\$ 178.06	\$ 1,543.20	\$ 1,028.80
Harvard PPO - Family*	\$ 6,790.00	\$ 4,753.00	\$ 2,037.00	\$ 940.15	\$ 611.10	\$ 470.08	\$ 4,074.00	\$ 2,716.00
Tufts HMO - Individual	\$ 1,083.00	\$ 758.10	\$ 324.90	\$ 149.95	\$ 97.47	\$ 74.98	\$ 649.80	\$ 433.20
Tufts HMO - Family	\$ 2,939.00	\$ 2,057.30	\$ 881.70	\$ 406.94	\$ 264.51	\$ 203.47	\$ 1,763.40	\$ 1,175.60

* ONLY for the out of area early retirees

Altus Dental

FY2024 Dental Insurance Cost Grid (7/01/23 - 6/30/24)

Percentage Increase from FY2023: **0.00%**

100% of premium is covered by the employee/retiree

FY24

Plans	Coverage	Rates			
		Monthly (12)	Weekly (52)	Bi-Weekly (26)	Lunch (40)
Base Plan	Individual	\$ 39.98	\$ 9.23	\$ 18.45	\$ 11.99
Base Plan	Family	\$ 111.36	\$ 25.70	\$ 51.40	\$ 33.41
High Plan	Individual	\$ 52.30	\$ 12.07	\$ 24.14	\$ 15.69
High Plan	Family	\$ 151.42	\$ 34.94	\$ 69.89	\$ 45.43



EyeMed

FY2024 Vision Insurance Cost Grid (7/01/23 - 6/30/24)

Percentage Increase from FY2023: **0.00%**

100% of premium is covered by the active employee

FY24

Plan	Rates			
	Monthly (12)	Weekly (52)	Bi-Weekly (26)	Lunch (40)
Subscriber	\$ 6.97	\$ 1.61	\$ 3.22	\$ 2.09
Subscriber + Spouse	\$ 13.25	\$ 3.06	\$ 6.12	\$ 3.98
Subscriber + Child(ren)	\$ 13.95	\$ 3.22	\$ 6.44	\$ 4.19
Subscriber + Family	\$ 20.50	\$ 4.73	\$ 9.46	\$ 6.15

