

MEDICAL-DENTAL-VISION GROUP LIFE INSURANCE RATES EFFECTIVE OCTOBER 2023

PLAN	52 PAY WEEKLY RATE	42 PAY WEEKLY RATE	40% EMPLOYEE MONTHLY	60% TOWN MONTHLY	100% CONTRIBUTION (COBRA amount)	EMPLOYEE YEARLY	TOWN YEARLY
HMO SINGLE	\$82.60	\$102.26	\$357.93	\$536.89	\$894.82	\$4,259.16	\$6,442.70
PPO SINGLE	\$104.48	\$129.36	\$452.77	\$679.16	\$1,131.93	\$5,433.24	\$8,149.90
HMO FAMILY	\$203.16	\$251.53	\$880.36	\$1,320.53	\$2,200.89	\$10,564.32	\$15,846.41
PPO FAMILY	\$248.41	\$307.56	\$1,076.46	\$1,614.70	\$2,691.16	\$12,917.52	\$19,376.35
HSA HMO IND 2,000/4,000	\$71.52	\$88.55	\$309.93	\$464.90	\$774.83	\$3,719.16	\$5,578.78
HSA HMO FAM 2,000/4,000	\$175.91	\$217.80	\$762.30	\$1,143.46	\$1,905.76	\$9,147.60	\$13,721.47
HSA PPO IND 2,000/4,000	\$89.60	\$110.94	\$388.29	\$582.44	\$970.73	\$4,659.48	\$6,989.26
HSA PPO FAM 2,000/4,000	\$213.04	\$263.76	\$923.16	\$1,384.74	\$2,307.90	\$11,077.92	\$16,616.88
MEDEX (retirees)			\$141.45	\$212.18	\$353.63	\$1,697.40	\$2,546.14
		MEDEX ONLY	AS OF 1/1/23	AS OF 1/1/23	AS OF 1/1/23	AS OF 1/1/23	
			50%	50%	100%	YEARLY	
DENTAL SINGLE	\$4.75	\$5.89	\$20.60	\$20.60	\$41.20	\$247.20	
DENTAL FAMILY	\$11.77	\$14.57	\$50.99	\$50.99	\$101.97	\$611.88	
			45%	55%	100%	YEARLY	
LIFE INSURANCE	\$0.71	\$0.88	\$3.08	\$3.77	\$6.85	\$36.96	
LIFE INS (retirees)			\$3.05	\$3.72	\$6.76	\$36.60	

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VISION EMPLOYEE ONLY	\$1.50	\$1.85
VISION EMPLOYEE & SPOUSE	\$3.00	\$3.71
VISION EMPLOYEE & CHILDREN	\$3.15	\$3.90
VISION FAMILY	\$4.35	\$5.38

TOWN GROUP #s	
PPO	2345593
HMO	4000729
MEDEX	502223739
DENTAL	2314544

SCHOOL GROUP #s	
PPO	2345592
HMO	4055151
MEDEX	502325129
DENTAL	2314543