

**TOWN OF FALMOUTH
HEALTH INSURANCE PLANS
EMPLOYEE MONTHLY PREMIUMS
FY20**

FY 20 - Current Plans			
Plan	Type	Was	New Rate
BCBS - Blue Care Elect Preferred PPO	<i>Individual</i>	\$448.40	\$448.40
	<i>SP/SC</i>	\$899.60	\$899.60
	<i>Family</i>	\$1,080.75	\$1,080.75
BCBS - Network Blue HMO	<i>Individual</i>	\$214.50	\$214.50
	<i>SP/SC</i>	\$432.75	\$432.75
	<i>Family</i>	\$575.75	\$575.75
Harvard Pilgrim - PPO	<i>Individual</i>	\$291.50	\$291.50
	<i>SP/SC</i>	\$571.75	\$571.75
	<i>Family</i>	\$746.75	\$746.75
Harvard Pilgrim - EPO (HMO)	<i>Individual</i>	\$213.00	\$213.00
	<i>SP/SC</i>	\$426.00	\$426.00
	<i>Family</i>	\$569.75	\$569.75
BCBS - Master Health Plus	<i>Individual</i>	\$820.00	\$820.00
	<i>SP/SC</i>	\$1,642.50	\$1,642.50
	<i>Family</i>	\$2,049.50	\$2,049.50
	<i>Individual</i>	<i>SP/SC</i>	<i>Family</i>
Annual Deductible	\$300	\$600.00	\$900.00
DELTA DENTAL			
MONTHLY		BI-WEEKLY	
<i>Individual</i>	<i>SP/SC</i>	<i>Family</i>	<i>Individual</i>
\$42.00	\$84.00	\$109.00	\$21.00
			\$42.00
			\$54.50

FY 20 High Deductible H.S.A.-Qualified Plans			
Plan	Type	Was	New Rate
BCBS - Blue Care Elect Preferred PPO	<i>Individual</i>	\$374.00	\$374.00
	<i>SP/SC</i>	\$751.20	\$751.20
	<i>Family</i>	\$899.75	\$899.75
BCBS - Network Blue HMO	<i>Individual</i>	\$179.50	\$179.50
	<i>SP/SC</i>	\$362.50	\$362.50
	<i>Family</i>	\$481.75	\$481.75
Harvard Pilgrim - PPO	<i>Individual</i>	\$201.50	\$201.50
	<i>SP/SC</i>	\$411.50	\$411.50
	<i>Family</i>	\$545.75	\$545.75
Harvard Pilgrim - EPO (HMO)	<i>Individual</i>	\$168.00	\$168.00
	<i>SP/SC</i>	\$340.75	\$340.75
	<i>Family</i>	\$452.50	\$452.50
BCBS - Master Health Plus	<i>Individual</i>	N/A	N/A
	<i>SP/SC</i>	N/A	N/A
	<i>Family</i>	N/A	N/A
	<i>Individual</i>	<i>SP/SC</i>	<i>Family</i>
Annual Deductible	\$2,000	\$ 4,000.00	\$ 4,000.00
Health Savings Account-Annual Contribution	<i>Individual</i>	<i>SP/SC</i>	<i>Family</i>
Town will contribute 50% of deductible in the form of H.S.A.*	\$1,000	\$ 2,000.00	\$ 2,000.00
*(To be made in quarterly installments)			
EYEMED			
MONTHLY		BI-WEEKLY	
<i>Individual</i>	<i>SP/SC</i>	<i>Family</i>	<i>Individual</i>
\$7.53	\$14.31	\$21.02	\$3.77
			\$7.16
			\$10.51