

<b>ACTIVE EMPLOYEE PLANS effective 7/1/22</b>				<b>WEEKLY @ 50%</b>			<b>MONTHLY @ 50%</b>		<b>MONTHLY @ 100%</b>		
Health Plan	High Deductible Group	Standard Group	Type of Coverage	Munis Code	High Deductible	Munis Code	Standard	High Deductible	Standard	High Deductible	Standard
BCBS PPO	00-2360787	00-2345180	FAM	2401	\$ 310.88	2408	\$ 372.38	\$ 1,243.50	\$ 1,489.50	\$ 2,487.00	\$ 2,979.00
			IND	2401	\$ 124.00	2408	\$ 148.75	\$ 496.00	\$ 595.00	\$ 992.00	\$ 1,190.00
			P/C	2401	\$ 249.00	2408	\$ 298.13	\$ 996.00	\$ 1,192.50	\$ 1,992.00	\$ 2,385.00
BCBS HMO	00-2360788	00-4054979	FAM	2401	\$ 255.63	2408	\$ 305.38	\$ 1,022.50	\$ 1,221.50	\$ 2,045.00	\$ 2,443.00
			IND	2401	\$ 95.25	2408	\$ 113.88	\$ 381.00	\$ 455.50	\$ 762.00	\$ 911.00
			P/C	2401	\$ 192.38	2408	\$ 229.50	\$ 769.50	\$ 918.00	\$ 1,539.00	\$ 1,836.00
HPHC PPO	18984-0003	028865-0000	FAM	2402	\$ 261.50	2409	\$ 324.88	\$ 1,046.00	\$ 1,299.50	\$ 2,092.00	\$ 2,599.00
			IND	2402	\$ 97.25	2409	\$ 122.88	\$ 389.00	\$ 491.50	\$ 778.00	\$ 983.00
			P/C	2402	\$ 196.88	2409	\$ 245.50	\$ 787.50	\$ 982.00	\$ 1,575.00	\$ 1,964.00
HPHC HMO	18983-0003	033301-0000	FAM	2402	\$ 237.63	2409	\$ 299.38	\$ 950.50	\$ 1,197.50	\$ 1,901.00	\$ 2,395.00
			IND	2402	\$ 88.25	2409	\$ 111.88	\$ 353.00	\$ 447.50	\$ 706.00	\$ 895.00
			P/C	2402	\$ 179.00	2409	\$ 223.75	\$ 716.00	\$ 895.00	\$ 1,432.00	\$ 1,790.00

<b>MEDICARE PLANS effective 1/1/22</b>			Type of Coverage		<b>MONTHLY @ 50%</b>		<b>MONTHLY @ 100%</b>	
Tufts Medicare Preferred HMO	1267	IND		Medicare Advantage Plan		\$ 178.00		\$ 356.00
Tufts Medicare Prime Supplement + PDP	1867S	IND		Freedom to Choose Plan		\$ 226.50		\$ 453.00
BCBS Medex 2 + Blue Medicare Rx	50-0180390	IND		Freedom to Choose Plan		\$ 190.00		\$ 380.00
BCBS Medicare HMO Blue	00-4043308	IND		Medicare Advantage Plan		\$ 205.02		\$ 410.03
BCBS Managed Blue + Blue Medicare Rx	4035705	IND		HMO Medigap Plan		\$ 189.50		\$ 379.00
HPHC Medicare Enhance + Aetna Rx by Silverscript	39000-0000	IND		Freedom to Choose Plan		\$ 187.00		\$ 374.00

<b>DELTA DENTAL PLANS effective 7/1/22</b>			Munis Code	<b>WEEKLY @ 100%</b>			<b>MONTHLY @ 100%</b>	<b>COBRA @ 102%</b>
Premier Table Plan	0950-6003	FAM	2552	\$	19.75		\$ 79.00	\$ 80.58
<b>COBRA Group</b>	<b>0950-6004</b>	IND	2551	\$	8.00		\$ 32.00	\$ 32.64
PPO Plus w/Ortho	0958-9014	FAM	2572	\$	37.57		\$ 150.27	\$ 153.28
<b>COBRA Group</b>	<b>0958-9015</b>	IND	2571	\$	13.27		\$ 53.08	\$ 54.14