

RATES EFFECTIVE OCTOBER 2025	Total Cost (Monthly)	Total Cost (Annual)	Employee Cost (Pay Prd)	Employee Cost (Monthly)	Employee Cost (Annual)	Town Cost (Annual)	Employee % of Dependent	Employee % of Total	Town % of Total
PPO 03769 Blue Options - Deduct \$500/\$1500 / OOP \$1500/\$4500 / Co-Ins 80/60 / RX\$5/\$35/\$35 / Office Co-pays \$15									
Employee	\$ 930.00	\$ 11,160.00	\$ -	\$ -	\$ -	\$ 11,160.00	N/A	0.0%	100.0%
Employee + spouse or children	\$ 1,878.00	\$ 22,536.00	\$ 129.17	\$ 258.34	\$ 3,100.13	\$ 19,435.87	27.3%	13.8%	86.2%
Employee +Family	\$ 2,484.00	\$ 29,808.00	\$ 205.66	\$ 411.32	\$ 4,935.79	\$ 24,872.21	26.5%	16.6%	83.4%
HMO (55) Blue Care - No Deduct / Inpatient Co-Pay \$250/admission / RX \$5/\$25/\$25 / Office Co-pays \$10									
Employee	\$ 951.00	\$ 11,412.00	\$ -	\$ -	\$ -	\$ 11,412.00	N/A	0.0%	100.0%
Employee + spouse or children	\$ 1,964.00	\$ 23,568.00	\$ 105.07	\$ 210.15	\$ 2,521.78	\$ 21,046.22	20.7%	10.7%	89.3%
Employee +Family	\$ 2,613.00	\$ 31,356.00	\$ 181.60	\$ 363.21	\$ 4,358.48	\$ 26,997.52	21.9%	13.9%	86.1%

BCBS DENTAL RATES EFFECTIVE OCTOBER 2025	EE Cost (Pay Prd)	EE Cost (Monthly)	EE Cost (Annual)
PPO Plan 1			
Employee	\$ 17.03	\$ 34.05	\$ 408.60
Employee +Family	\$ 44.98	\$ 89.95	\$ 1,079.40
PPO Plan 2			
Employee	\$ 13.36	\$ 26.71	\$ 320.52
Employee +Family	\$ 36.11	\$ 72.21	\$ 866.52

VISION RATES EFFECTIVE OCTOBER 2025	EE Cost (Pay Prd)	EE Cost (Monthly)	EE Cost (Annual)
Employee	\$ 2.62	\$ 5.24	\$ 62.88
Employee + Children	\$ 4.09	\$ 8.18	\$ 98.16
Employee + Spouse	\$ 4.92	\$ 9.83	\$ 117.96
Employee + Family	\$ 8.10	\$ 16.19	\$ 194.28

NEW RATES WILL BE DEDUCTED IN 24 PAY PERIODS

MONTHS THAT CONTAIN 3 PAYCHECKS WILL NOT HAVE ANY BENEFIT DEDUCTIONS ON THE THIRD PAYCHECK