

Town of Millbury
Clerks, Custodians, Library Workers and Police Dispatchers
Department of Public Works, Sewer and Parks
Millbury Teachers Association

July 1, 2021

New hires per year contract
30%
70%

Group #	Plan Name	Category	Monthly Rate	Monthly Rate	Monthly Rate	Annual Employee Contribution	Weekly Deduction	Bi-Weekly Deduction	21 Week Deduction	Monthly Deduction					
Group # 004061347	School														
Group # 004061346	Town														
<i>MilA HMO Blue</i>															
Employee		Monthly Rate	815.03	COBRA	831.33	Annual Employee Contribution	2,934.11	Weekly Deduction	56.43	Bi-Weekly Deduction	112.86	21 Week Deduction	139.72	Monthly Deduction	244.51
Family		Monthly Rate	2,137.96		2,180.72		7,696.66		148.02		296.03		366.52		641.39
<i>MilA PPO Blue</i>															
Group # 002355210	School														
Group # 002355209	Town														
<i>Care Elect</i>															
Employee		Monthly Rate	884.30	COBRA	901.99	Annual Employee Contribution	3,163.48	Weekly Deduction	61.23	Bi-Weekly Deduction	122.45	21 Week Deduction	151.60	Monthly Deduction	285.30
Family		Monthly Rate	2,319.67		2,366.06		8,350.81		160.60		321.19		397.66		695.90
<i>**MilA Blue Care SELECT</i>															
Group # 004061350	School														
Group # 004061349	Town														
Employee		Monthly Rate	757.98	COBRA	773.14	Annual Employee Contribution	2,728.73	Weekly Deduction	52.48	Bi-Weekly Deduction	104.96	21 Week Deduction	129.94	Monthly Deduction	227.40
Family		Monthly Rate	1,988.30		2,028.07		7,157.88		137.66		275.31		340.86		596.49
<i>Dental Blue LOW</i>															
Employee		Monthly Rate	35.69	COBRA	36.40	Annual Employee Contribution	428.28	Weekly Deduction	8.24	Bi-Weekly Deduction	16.48	21 Week Deduction	20.40	Monthly Deduction	35.69
Family		Monthly Rate	96.13		98.05		1,153.56		22.19		44.37		54.94		96.13
<i>Dental Blue HIGH</i>															
Employee		Monthly Rate	40.76	COBRA	41.58	Annual Employee Contribution	489.12	Weekly Deduction	9.41	Bi-Weekly Deduction	18.82	21 Week Deduction	23.30	Monthly Deduction	40.76
Family		Monthly Rate	109.75		111.95		1,317.00		25.33		50.66		62.72		109.75
<i>VSP-Vision</i>															
Member only		Member + children	12.04	Member + children	19.26	Member + family	19.66	Member + family		Member + family	31.70				

Blue Care Select This plan does not cover the Reliant Physicians

The Town will continue to pay up to \$1,500 inpatient co-pay for you and your dependents.

YOU MAY CONTRIBUTE TO A FLEXIBLE SPENDING ACCOUNT IF YOU ARE HEALTH INSURANCE ELIGIBLE. WHETHER YOU HAVE THE TOWN'S HEALTH INSURANCE OR NOT. YOU MAY SIGN UP FOR FLEXIBLE SPENDING ACCOUNTS UNTIL May 25, 2021.