



TOWN OF AGAWAM **MEDICAL/DENTAL INSURANCE RATE SHEET** **(EFFECTIVE JULY 1, 2020)**

COVERAGE		MONTHLY RATE	EMPLOYER % CONTRIBUTION	12 MONTH EMPLOYEES MONTHLY COST	BI-WEEKLY COST	10 MONTH MONTHLY COST	10 MONTH BI-WEEKLY COST
MASTER HEALTH PLUS							
Single		\$1,594.43	50%	\$797.22	\$398.61	\$1,007.02	\$503.51
Family		\$3,986.12	50%	\$1,993.06	\$996.53	\$2,517.55	\$1,258.78
BLUE CARE ELECT PREFERRED (PPO)							
Single		\$1,433.46	55%	\$645.06	\$322.53	\$814.81	\$407.41
Family		\$3,583.75	55%	\$1,612.69	\$806.34	\$2,037.08	\$1,018.54
HMO BLUE NEW ENGLAND							
Single		\$698.94	70%	\$209.68	\$104.84	\$264.86	\$132.43
Family		\$1,747.22	70%	\$524.17	\$262.08	\$662.11	\$331.06
ACCESS BLUE NE SAVER							
Single		\$359.92	70%	\$107.98	\$53.99	\$136.40	\$68.20
Family		\$1,106.14	70%	\$331.84	\$165.92	\$419.17	\$209.59
DENTAL BLUE							
Single		\$37.51	50%	\$18.76	\$9.38	\$23.69	\$11.85
Family		\$90.72	50%	\$45.36	\$22.68	\$57.30	\$28.65