## **Town of Harvard Health Plans: FY24**

		Thru 5/31 FY23 ANNUAL TOTAL COST Town + Employee	Eff 6/1 FY24 ANNUAL TOTAL COST Town + Employee	FY24 MONTHLY TOTAL COST Town + Employee	FY24 MONTHLY  Retiree  pays  WRRS retirees &  MTRS retirees	FY24 Bi-weekly* Employee pays 30% Premium Groups	FY24 Bi-weekly* Employee pays Split Premium Groups	
HMO Plans					30% Premium	30% Premium	20% Premium	25% Premium
HMO Blue New England	Individual	\$9,808.44	\$10,357.68	\$863.14	\$258.94	\$129.47	\$86.31	\$107.89
HMO Blue New England	Family	\$26,635.56	\$28,127.16	\$2,343.93	\$703.18	\$351.59	\$234.39	\$292.99
HMO Blue Select	Individual	\$8,157.84	\$8,614.68	\$717.89	\$215.37	\$107.68	\$71.79	\$89.74
HMO Blue Select	Family	\$22,153.32	\$23,393.88	\$1,949.49	\$584.85	\$292.42	\$194.95	\$243.69
PPO Plans								
					50% Premium	50% Premium	50% Premium	50% Premium
PPO Blue Care Elect	Individual	\$12,260.52	\$12,947.16	\$1,078.93	\$539.47	\$269.73	\$269.73	\$269.73
PPO Blue Care Elect	Family	\$33,294.48	\$35,158.92	\$2,929.91	\$1,464.96	\$732.48	\$732.48	\$732.48

<sup>\*</sup> Deducted for 24 of the 26 pay periods