

CITY OF WOBURN - ACTIVE CITY EMPLOYEES

FOR RENEWAL JULY 1, 2024

PLAN	TOTAL COST	MONTHLY TOTAL COST	MONTHLY CITY COST	MONTHLY EMPLOYEE COST	WEEKLY EMPLOYEE COST
HMO BLUE - 75% - 25%		100%	75%	25%	
Individual	\$13,205.52	\$1,100.46	\$825.35	\$275.12	\$63.49
Family	\$35,125.20	\$2,927.10	\$2,195.33	\$731.78	\$168.87
BLUE CARE ELECT PREFERRED - 60%-40%		100%	60%	40%	
Individual	\$18,810.48	\$1,567.54	\$940.52	\$627.02	\$144.70
Family	\$46,702.80	\$3,891.90	\$2,335.14	\$1,556.76	\$359.25
DENTAL BLUE ENHANCED VALUE		100%		100%	
Individual	\$438.96	\$36.58		\$36.58	\$8.44
Family	\$1,091.64	\$90.97		\$90.97	\$20.99
DENTAL BLUE FREEDOM		100%		100%	
Individual	\$541.68	\$45.14		\$45.14	\$10.42
Family	\$1,369.56	\$114.13		\$114.13	\$26.34
BLUE 2020 VISION		100%		100%	
Individual	\$69.96	\$5.83		\$5.83	\$1.35
EE + Spouse	\$118.92	\$9.91		\$9.91	\$2.29
EE + Children	\$122.52	\$10.21		\$10.21	\$2.36
Family	\$192.36	\$16.03		\$16.03	\$3.70

NOTE: ALL RATES ARE SUBJECT TO CHANGE