

Bristol County	MIIA Rates								
FISCAL YEAR 2019									
July 1, 2018- June 30, 2019	Total Monthly Rate	Employer 85%	Employee 15%	Weekly					
<u>Blue Cross/Blue Shield-Blue Care Elect PPO - Group #</u>				3 weeks	4th week				
Family Plan	\$ 2,761.65	\$ 2,347.40	\$ 414.25	\$ 103.57	\$ 103.54				
Individual Plan	\$ 1,165.65	\$ 990.80	\$ 174.85	\$ 43.72	\$ 43.69				
<u>Blue Cross/Blue Shield Network Blue/HMO - Group #</u>									
Family Plan	\$ 2,188.80	\$ 1,860.48	\$ 328.32	\$ 82.08					
Individual Plan	\$ 821.75	\$ 698.49	\$ 123.26	\$ 30.82	\$ 30.80				
<u>Blue Cross/Blue Shield Network Blue/Hmo Rate Saver- Group #</u>									
Family Plan	\$ 2,011.15	\$ 1,709.48	\$ 301.67	\$ 75.42	\$ 75.41				
Individual Plan	\$ 754.30	\$ 641.15	\$ 113.15	\$ 28.30	\$ 28.25				
<u>Blue Cross/Blue Shield Network Blue/HMO Benchmark Plan- Group #</u>									
Family Plan	\$ 1,853.45	\$ 1,575.43	\$ 278.02	\$ 69.52	\$ 69.46				
Individual Plan	\$ 696.35	\$ 591.90	\$ 104.45	\$ 26.12	\$ 26.09				
RETIREE									
<u>Blue Cross/Blue Shield Medex Group #</u>									
	\$374.00	\$317.90	\$56.10						
<u>Blue Cross/Blue Shield Medex No PDP #</u>									
	\$ 179.20	\$ 152.32	\$ 26.88						
<i>New Dental Plan Effective July 01, 2018</i>									
<u>Altus Dental- Group #</u>									
Family Plan	\$138.46			\$34.62	\$34.60				
Individual Plan	\$46.98			\$11.75	\$11.73				
Note-You may find that if you take the weekly amount times four weeks you will find it is over or under the monthly premium. That weekly amount shown will be deducted three weeks and then the fourth week will be off-set to equal the monthly premium.(example-Blue Care Elect Individual Plan: \$43.72 will be deducted for three weeks and \$43.69 the fourth week to equal the monthly premium of \$174.85									