

| BRISTOL COUNTY | MIIA Rates | | | | | | | | |
|---|----------------------|-----------------|-----------------|---------------|----------------|-----------------|--|--|--|
| FISCAL YEAR 2020 | | | | | | | | | |
| July 1, 2019- June 30, 2020 | Total Monthly | Employer | Employee | Weekly | | | | | |
| | Rate | 85% | 15% | | | | | | |
| Blue Cross/Blue Shield-Blue Care Elect PPO - Group #002362959 | | | | | 3 weeks | 4th week | | | |
| Family Plan | \$ 2,778.22 | \$ 2,361.49 | \$ 416.73 | \$ 104.20 | \$ 104.13 | | | | |
| Individual Plan | \$ 1,172.64 | \$ 996.74 | \$ 175.90 | \$ 43.99 | \$ 43.93 | | | | |
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| Blue Cross/Blue Shield Network Blue NE Traditional/HMO - Group #004064437 | | | | | | | | | |
| Family Plan | \$ 2,201.93 | \$ 1,871.64 | \$ 330.29 | \$ 82.58 | \$ 82.55 | | | | |
| Individual Plan | \$ 826.68 | \$ 702.68 | \$ 124.00 | \$ 31.00 | | | | | |
| | | | | | | | | | |
| Blue Cross/Blue Shield Network Blue NE/Hmo Value Plus- Group #004064438 | | | | | | | | | |
| Family Plan | \$ 2,023.22 | \$ 1,719.74 | \$ 303.48 | \$ 75.87 | | | | | |
| Individual Plan | \$ 758.83 | \$ 645.01 | \$ 113.82 | \$ 28.46 | \$ 28.44 | | | | |
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| Blue Cross/Blue Shield Network Blue/HMO Benchmark Plan- Group #004064439 | | | | | | | | | |
| Family Plan | \$ 1,864.57 | \$ 1,584.88 | \$ 279.69 | \$ 69.93 | \$ 69.90 | | | | |
| Individual Plan | \$ 700.53 | \$ 595.45 | \$ 105.08 | \$ 26.27 | | | | | |
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| | | | | | | | | | |
| RETIREE | | | | | | | | | |
| Blue Cross/Blue Shield Medex Group #502352751 | | | | | | | | | |
| | \$369.81 | \$314.34 | \$55.47 | | | | | | |
| Blue Cross/Blue Shield Medex No PDP #502352752 | | | | | | | | | |
| | \$ 184.58 | \$ 156.89 | \$ 27.69 | | | | | | |
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| | | | | | | | | | |
| Dental Plan Effective July 01, 2019 | | | | | | | | | |
| Altus Dental- Group # 1764-0001 | | | | | | | | | |
| Family Plan | \$142.61 | | | \$35.66 | \$35.63 | | | | |
| Individual Plan | \$48.39 | | | \$12.10 | \$12.09 | | | | |
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| 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: \$43.99 will be deducted for three weeks and \$43.93 the fourth week to equal the monthly premium of \$175.90 | | | | | | | | | |