



TOWN OF MIDDLETON
 Office of the Treasurer/Collector
 48 South Main Street
 Middleton, MA 01949
 978-774-8327

January 1, 2024- June 30, 2024 (FY 24) Health/Dental/Vision Insurance Rates						
		Total Monthly Premium	62% Employer Share	38% Employee Share	24 Pay Periods	21 Pay Periods
HMO Blue Options ENHANCED PLAN	Individual Family	\$1,047.62 \$2,803.11	\$649.52 \$1,737.93	\$398.10 \$1,065.18	\$199.05 \$532.59	\$227.48 \$608.68
HMO Blue NE Options	Individual Family	\$1,121.96 \$3,001.99	\$695.62 \$1,861.23	\$426.34 \$1,140.76	\$213.17 \$570.38	\$243.63 \$651.86
BLUE CARE ELECT PREFERRED	Individual Family	\$1,478.31 \$3,955.33	\$916.55 \$2,452.30	\$561.76 \$1,503.03		
Medex 2 w/ MedicareRx	Individual	\$321.93	\$199.60	\$122.33	Effective 1/1/23 – 12/31/23	
Managed Blue Sr. w/ MedicareRx	Individual	\$337.58	\$209.30	\$128.28	Effective 1/1/23 – 12/31/23	
Dental Blue Freedom High Option		Total Monthly Premium	75% Employer Share	25% Employee Share	24 Pay Periods	21 Pay Periods
	Individual Family	\$49.87 \$103.74	\$37.40 \$77.81	\$12.47 \$25.94	\$6.23 \$12.97	\$7.12 \$14.82
NEW: Blue 20/20 EyeMed Vision Care		Total Monthly Premium			24 Pay Periods	21 Pay Periods
	Individual Individual and Spouse Individual and Children Family	\$5.83 \$9.91 \$10.21 \$16.03			\$2.92 \$4.96 \$5.11 \$8.02	\$3.33 \$5.66 \$5.83 \$9.16

All group health plans for which you are eligible to enroll meet the Medicare definition of **Creditable Coverage**.

Prescription drug coverage through the Town of Middleton will be at least as good as the standard Medicare Part D benefit.

If you enroll in a Town of Middleton health insurance, you do not need to enroll in Medicare Part D.

If you later decide to enroll in Medicare Part D, you will not be subject to a Medicare penalty.

When enrolling in a plan for the first time, you will be given a Creditable Coverage Notice that is specific to your new plan.

A copy of Creditable Coverage Notice for any plan is available upon request.