**NOTES:** > Payroll deductions are processed 1month prior to the coverage date, *except for* TASC\* FSA/DCFSA. > Medex2 Rates change per CALENDAR YEAR, not Fiscal Year.

For detailed summary information, Ekits, enrollment/change forms etc. go to

http://townsendma.gov/human-resources

then click on Summary of Benefits link

HEALTH INSURANCE: MONTHLY AND BY PAYCHECK CONTRIBUTIONS					
HEALTH INSURANCE COVERAGE OPTIONS	See Article 30.3	MONTHLY RATES	EMPLOYEE MONTHLY CONTRIBUTION (25%)	EMPLOYEE PAY CHECK CONTRIBUTION (24 PAYS)	
PPO Blue Care Elect #002310072	Individual	\$1,148.38	\$287.10	\$143.55	
Deductible \$250	Family	\$2,985.55	\$746.39	\$373.19	
HMO Blue New England #004000577	Individual	\$1,034.59	\$258.65	\$129.32	
Deductible \$250	Family	\$2,689.69	\$672.42	\$336.21	
HMO Blue Select #004070076	Individual	\$900.09	\$225.02	\$112.51	
Deductible \$250	Family	\$2,340.03	\$585.01	\$292.50	
CAL YR 2023 Medex 2 with pdp					
(Medicare 65+) # <u>502281068</u>	Individual	\$355.44	\$88.86	\$44.43	
Medex 2 186.09/2=\$93.045					
Blue Med RX \$169.35/2=84.675	Blue Medicare RX rates represent PDP Option 26 (10/\$20/\$35 RX,2xMO.)				

			EMPLOYEE MONTHLY CONTRIBUTION	EMPLOYEE PAY CHECK CONTRIBUTION (24
DENTAL INSURANCE COVERAGE OPTIONS		MONTHLY RATES	(100%)	PAYS)
DENTAL BLUE FREEDOM BASIC #002371398	Individual	\$30.72	\$30.72	\$15.36
Basic 100/80/0	Two Person	\$70.31	\$70.31	\$35.16
\$50/\$150 Deductible \$1,000	Family	\$96.04	\$96.04	\$48.02
DENTAL BLUE FREEDOM ENHANCED #002371399	Individual	\$45.89	\$45.89	\$22.95
Enhanced 100/80/50	Two Person	\$92.37	\$92.37	\$46.19
\$50/\$150 Deductible \$1,000	Family	\$122.58	\$122.58	\$61.29

			EMPLOYEE MONTHLY CONTRIBUTION	EMPLOYEE PAY CHECK CONTRIBUTION (24
VISION INSURANCE COVERAGE OPTION VISION INSIGHT #21057	1	MONTHLY RATES	(100%)	PAYS)
VISION INSIGHT #21037		1		Т
Lens Copay \$10	Employee	\$6.77	\$6.77	\$3.39
Frame Allowance \$150	Employee + Spouse	\$11.51	\$11.51	\$5.76
Contact Allowance \$150	Employee + Child(ren)	\$11.85	\$11.85	\$5.93
Frequency (Lens/Frames) 12/12	Family	\$18.62	\$18.62	\$9.31

VOLUNTARY LIFE INSURANCE: MONTHLY AND BY PAYCHECK CONTRIBUTIONS					
VISION INSURANCE COVERAGE OPTION		MONTHLY RATES	EMPLOYEE MONTHLY CONTRIBUTION (50%)	EMPLOYEE PAY CHECK CONTRIBUTION (12 PAYS)	
BOSTON MUTUAL LIFE INSURANCE	See Article 30.2	1	1		
\$2000. coverage for each - Group Life & AD&D	Group # G-2027 Div. 1	\$2.00	\$1.00	\$1.00	
Other Plans/Amounts #G-24653 Div 1	Contact:	Chuff@townsendma.gov	rhersey@townsendma.gov		
	Ph: (800) 669-2268	www.BostonMutual.com			
COLONIAL LIFE INSURANCE					
Contact: Kimberly Cunningham					
	Ph: (401)-596-1510 E-Mail: Kimberly.Cunningham@ColonialLifeSales.com				
VOLUNTARY FSA & DCFSA					
New fiscal year enrollment based on <b>26</b> pay periods starting in JULY for JULY Coverage.					
Total enrolled amount divided by how many pay periods left in the fiscal year = deduction amount.					
MANDATORY to RE-ENROLL YEARLY (each Fiscal year).					
	FY2024 Total Annual				
TASConline.com Contact: 800-422-4661	Maximum	Download the MOBILE APP for easy access!			
Flexible Spending Account (FSA) <u>#1000320480</u>	\$3,050.00	https://uba.tasconline.com/assets/docs/signin-instructions.pdf			
				NOTE: There is a 1.45min.	
Dare Care Flexible Spending Account (DCFSA)		https://uba.tasconline.com/lo	<u>gin</u>	account access instruction	
<u>#1000320479</u>	<u>\$5,000.00</u>			video	