

**Town of Andover Insurance Rates**  
**July 1, 2021 through June 30, 2022**

**Employee Rates**

<b>Blue Care Elect PPO</b>	Total Monthly Cost	Bi-Weekly Cost	Weekly Rate
Family (35%)	\$873.48	\$436.74	\$218.37
Individual (35%)	\$325.96	\$162.98	\$81.49

**Network Blue New England**

<i>Employees hired <b>prior</b> to 7/1/2017</i>	Total Monthly Cost	Bi-Weekly Cost	Weekly Rate
Family (23.1%)	\$477.08	\$238.54	\$119.27
Individual (18.9%)	\$144.80	\$72.40	\$36.20

**Network Blue New England**

<i>Employees hired <b>after</b> 7/1/2017</i>	Total Monthly Cost	Bi-Weekly Cost	Weekly Rate
Family (30%)	\$619.56	\$309.78	\$154.89
Individual (30%)	\$229.84	\$114.92	\$57.46

**Dental Blue**

	Total Monthly Cost	Bi-Weekly Cost	Weekly Rate
Family (100%)	\$111.76	\$55.88	\$27.94
Individual (100%)	\$38.48	\$19.24	\$9.62

**Vision Service Plan**

	Total Monthly Cost	Bi-Weekly Cost	Weekly Rate
Family (100%)	\$51.28	\$25.64	\$12.82
Individual (100%)	\$23.84	\$11.92	\$5.96

**100% of Monthly Premium Rate**

**Blue Care Elect PPO**

Family	\$2,495.64
Individual	\$931.21

**Network Blue New England**

Family	\$2,065.14
Individual	\$766.06