

Town of Andover Insurance Rates
July 1, 2022 through June 30, 2023

Employee Rates

Blue Care Elect PPO	Total Monthly Cost	Bi-Weekly Cost	Weekly Rate
Family (35%)	\$925.88	\$462.94	\$231.47
Individual (35%)	\$345.48	\$172.74	\$86.37

Network Blue New England

<i>Employees hired prior to 7/1/2017</i>	Total Monthly Cost	Bi-Weekly Cost	Weekly Rate
Family (23.1%)	\$505.67	\$252.84	\$126.42
Individual (18.9%)	\$153.47	\$76.74	\$38.37

Network Blue New England

<i>Employees hired after 7/1/2017</i>	Total Monthly Cost	Bi-Weekly Cost	Weekly Rate
Family (30%)	\$656.71	\$328.36	\$164.18
Individual (30%)	\$243.61	\$121.80	\$60.90

Dental Blue

	Total Monthly Cost	Bi-Weekly Cost	Weekly Rate
Family (100%)	\$101.16	\$50.58	\$25.29
Individual (100%)	\$34.78	\$17.39	\$8.70

Blue Cross EyeMed Network

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	Total Monthly Cost	Bi-Weekly Cost	Weekly Rate
Family (100%)	\$27.90	\$13.95	\$6.98
Individual (100%)	\$10.15	\$5.08	\$2.54
Employee + Spouse (100%)	\$17.25	\$8.63	\$4.31
Employee + Children (100%)	\$17.76	\$8.88	\$4.44

100% of Monthly Premium Rate

Blue Care Elect PPO	
Family	\$2,645.38
Individual	\$987.08
Network Blue New England	
Family	\$2,189.05
Individual	\$812.02