

Health Insurance Plan Rates for July 1, 2023

High Deductible Plans (\$2,000/\$4,000 deductible)

Plan	Coverage Level	Total Monthly Premium	Employee Monthly	Employee Yearly
Blue Cross Blue Shield	Individual	\$823.00	\$181.06	\$2,172.72
	Family	\$2,218.00	\$487.96	\$5,855.52
Blue Cross Blue Shield Limited Network*	Individual	\$767.00	\$168.74	\$2,024.88
	Family	\$2,068.00	\$454.96	\$5,459.52
Harvard Pilgrim	Individual	\$944.00	\$377.60	\$4,531.20
	Family	\$2,463.00	\$985.20	\$11,822.40
Tufts	Individual	\$999.00	\$399.60	\$4,795.20
	Family	\$2,615.00	\$1,046.00	\$12,552.00

Benchmark Plans (\$300/\$900 deductible)

Plan	Coverage Level	Total Monthly Premium	Employee Monthly	Employee Yearly
Blue Cross Blue Shield	Individual	\$977.00	\$214.94	\$2,579.28
	Family	\$2,630.00	\$578.60	\$6,943.20
Blue Cross Blue Shield Limited Network*	Individual	\$910.00	\$200.20	\$2,402.40
	Family	\$2,448.00	\$538.56	\$6,462.72
Harvard Pilgrim	Individual	\$1,219.00	\$487.60	\$5,851.20
	Family	\$3,177.00	\$1,270.80	\$15,249.60
Tufts	Individual	\$1,290.00	\$516.00	\$6,192.00
	Family	\$3,377.00	\$1,350.80	\$16,209.60

PPO

Plan	Coverage Level	Total Monthly Premium	Employee Monthly	Employee Yearly
Harvard Pilgrim PPO	Individual	\$3,026.00	\$1,513.00	\$18,156.00
	Family	\$6,720.00	\$3,360.00	\$40,320.00