

Town of Milbury
 Clerks, Custodians, Library Workers and Police Dispatchers
 Department of Public Works, Sewer and Parks
 Administrative Staff Milbury Town Hall and Milbury Public Schools Non Union
 Milbury Teachers Association

Medical & Dental Rates
 July 1, 2020 reduced 50% for July Health premium only due to Covid 19
 reduced 40% for July Dental rates

Employee Contribution 25%
 Town Contribution 75%

MILA HMO Blue	Monthly Rate	Monthly COBRA	Annual Employee Contribution	Weekly Deduction	Bi-Weekly Deduction	21 Week Deduction	Monthly Deduction
Employee	\$ 779.93	\$ 795.53	\$ 2,242.30	\$ 43.13	\$ 86.25	\$ 106.78	\$ 186.86
Family	\$ 2,045.89	\$ 2,086.81	\$ 5,881.93	\$ 113.12	\$ 226.24	\$ 280.10	\$ 490.16

MILA PPO Blue Care Elect	Monthly Rate	Monthly COBRA	Annual Employee Contribution	Weekly Deduction	Bi-Weekly Deduction	21 Week Deduction	Monthly Deduction
Employee	\$ 846.22	\$ 863.14	\$ 2,432.88	\$ 46.80	\$ 93.58	\$ 115.86	\$ 202.75
Family	\$ 2,219.78	\$ 2,264.18	\$ 6,381.86	\$ 122.73	\$ 245.46	\$ 303.90	\$ 531.82

***MILA Blue Care SELECT	Monthly Rate	Monthly COBRA	Annual Employee Contribution	Weekly Deduction	Bi-Weekly Deduction	21 Week Deduction	Monthly Deduction
Employee	\$ 725.34	\$ 739.85	\$ 2,085.35	\$ 40.11	\$ 80.22	\$ 99.31	\$ 173.79
Family	\$ 1,902.68	\$ 1,940.73	\$ 5,470.20	\$ 105.20	\$ 210.40	\$ 260.49	\$ 455.85

Dental Blue LOW	Monthly Rate	Monthly COBRA	Annual Employee Contribution	Weekly Deduction	Bi-Weekly Deduction	21 Week Deduction	Monthly Deduction
Employee	\$ 36.83	\$ 37.57	\$ 419.87	\$ 9.07	\$ 16.16	\$ 20.00	\$ 34.99
Family	\$ 99.21	\$ 101.19	\$ 1,131.00	\$ 21.75	\$ 43.50	\$ 53.87	\$ 94.25

Dental Blue HIGH	Monthly Rate	Monthly COBRA	Annual Employee Contribution	Weekly Deduction	Bi-Weekly Deduction	21 Week Deduction	Monthly Deduction
Employee	\$ 42.06	\$ 42.90	\$ 479.49	\$ 9.23	\$ 18.45	\$ 22.84	\$ 39.96
Family	\$ 113.26	\$ 115.53	\$ 1,291.17	\$ 24.83	\$ 49.66	\$ 61.49	\$ 107.60

VSP-Vision	Member only	Member +1	Member + children	Member + family
	12.04	19.26	19.66	\$31.70

*****MILA Blue BLUE Care SELECT** This plan does not cover the Reliant Physicians
 The Town will continue to pay each and every \$1,000 inpatient co-pay for you and your dependents under the terms of the policy

ONCE AGAIN, YOU MAY CONTRIBUTE TO A FLEXIBLE SPENDING ACCOUNT IF YOU ARE HEALTH INSURANCE ELIGIBLE, WHETHER YOU HAVE THE TOWN'S HEALTH INSURANCE OR NOT.
 YOU MAY SIGN UP FOR FLEXIBLE SPENDING ACCOUNTS UNTIL May 26, 2020.

Town of Millbury
Clerks, Custodians, Library Workers and Police Dispatchers
Department of Public Works, Sewer and Parks
Milbury Teachers Association
Medical & Dental Rates

**July 1, 2020 reduced 50% for July premium only due to Covid 19
reduced 40% for July Dental rates**

Employee Contribution New hires per year contract
Town Contribution 30%
70%

<i>MIIA HMO Blue</i>		Monthly Rate	Monthly COBRA	Annual Employee Contribution	Weekly Deduction	Bi-Weekly Deduction	21 Week Deduction	Monthly Deduction
Employee		\$ 779.93	\$ 795.53	\$ 2,690.76	\$ 51.75	\$ 103.50	\$ 128.14	\$ 224.23
Family		\$ 2,045.89	\$ 2,086.81	\$ 7,058.32	\$ 135.74	\$ 271.48	\$ 336.12	\$ 588.19
<i>MIIA PPO Blue Care Elect</i>		Monthly Rate	Monthly COBRA	Annual Employee Contribution	Weekly Deduction	Bi-Weekly Deduction	21 Week Deduction	Monthly Deduction
Employee		\$ 846.22	\$ 863.14	\$ 2,919.45	\$ 56.15	\$ 112.30	\$ 139.03	\$ 243.30
Family		\$ 2,219.78	\$ 2,264.18	\$ 7,452.20	\$ 143.32	\$ 286.63	\$ 354.87	\$ 621.02
<i>***MIIA Blue Care SELECT</i>		Monthly Rate	Monthly COBRA	Annual Employee Contribution	Weekly Deduction	Bi-Weekly Deduction	21 Week Deduction	Monthly Deduction
Employee		\$ 725.34	\$ 739.85	\$ 2,502.42	\$ 48.13	\$ 96.26	\$ 119.16	\$ 208.55
Family		\$ 1,902.68	\$ 1,940.73	\$ 6,564.24	\$ 126.24	\$ 252.48	\$ 312.59	\$ 547.02
<i>Dental Blue LOW</i>		Monthly Rate	Monthly COBRA	Annual Employee Contribution	Weekly Deduction	Bi-Weekly Deduction	21 Week Deduction	Monthly Deduction
Employee		\$ 36.83	\$ 37.57	\$ 419.87	\$ 8.08	\$ 16.16	\$ 20.00	\$ 34.99
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Family		\$ 113.26	\$ 115.53	\$ 1,291.17	\$ 24.83	\$ 49.66	\$ 61.48	\$ 107.60
<i>VSP-Vision</i>		Member only	Member +1	Member + children	Member + family			
		12.04	19.26	19.66	\$31.70			

The Town will cont. This plan does not cover the Reliant Physicians

*under the terms of the policy
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ARE HEALTH INSURANCE ELIGIBLE. WHETHER YOU HAVE THE
TOWN'S HEALTH INSURANCE OR NOT.
YOU MAY SIGN UP FOR FLEXIBLE SPENDING ACCOUNTS UNTIL May 26, 2020.*