



Town of Orange Benefit Rates

Effective Date: July 1, 2024

Plan	Full Monthly Cost	Employee per Pay Cost (26)
------	-------------------	----------------------------

Please Note: The Town of Orange pays 70% of the "full cost" for Medical, Dental, and Basic Life.

MEDICAL PLANS:

Network Blue New England HMO - Group # 004047785

HMOIB - Individual	710.64	98.40
HMOE1 - Employee +1	1654.56	229.09
HMOFB - Family	2040.12	282.48

PPOIB - Individual	818.64	113.35
PPOFB - Family	2236.68	309.69

Blue Care Elect Preferred PPO - Group # 002321976

DNI30 - Individual	31.39	4.35
DNF30 - Family	85.82	11.88

DENTAL PLAN: Blue Cross/Blue Shield - Group # 1015775

LIFE INSURANCE PLAN:

LIF01 - \$5,000 Life Insurance	3.20	0.44
--------------------------------	------	------

SENIOR PLANS (Single Rates Only):

Individual	360.00	108.00
------------	--------	--------

MEDEX 2 w/ PDP - Group # 502289192 – Effective January 1, 2024

MEDEX 2 w/ PDP - Group # 502289192 – Effective January 1, 2025

Individual	416.00	124.80
------------	--------	--------

Note: The Town of Orange pays 70% of the "full cost" for Medical, Dental and Basic Life.