



Town of Orange Benefit Rates

Effective Date: July 1, 2025

Plan	Full Monthly Cost	Employee per Pay Cost (26)
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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	839.00	116.17
HMOE1 - Employee +1	1953.00	270.42
HMOFB - Family	2407.00	333.28

PPOIB - Individual	983.00	136.11
PPOFB - Family	2684.00	371.63

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
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SENIOR PLANS (Single Rates Only): PER MONTH

Individual	360.00	108.00
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MEDEX 2 w/ PDP - Group # 502289192 – Effective January 1, 2024

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Individual	416.00	124.80
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