

**TOWN OF FOXBOROUGH  
HEALTH AND DENTAL INSURANCE RATES  
September 1, 2023 - August 31, 2024**

**HEALTH PLANS**

		BiWeekly Deduction 26 Pay Periods	BiWeekly Deduction 20 Pay Periods	Total Cost of Plan/Month	Contribution %
<b>MIIA PPO - Blue Care Elect</b>					
<i>Plan # 2339543</i>	Individual	\$268.48	\$349.03	Subscriber: 581.72	50%
	Family	\$694.12	\$902.36	Town: 581.73	50%
				Subscriber: 1503.93	50%
				Town: 1503.93	50%
<b>MIIA HMO - Blue New England</b>					
<i>Plan # 4054457</i>	Individual	\$132.01	\$171.61	Subscriber: 286.01	30%
	Family	\$341.31	\$443.71	Town: 667.36	70%
				Subscriber: 739.51	30%
				Town: 1725.53	70%
<b>MIIA HMO - Network Blue Select</b>					
<i>Plan # 4063963</i>	Individual	\$122.76	\$159.59	Subscriber: 265.99	30%
	Family	\$317.42	\$412.64	Town: 620.64	70%
				Subscriber: 687.74	30%
				Town: 1604.73	70%

		BiWeekly Deduction 24 Pay Periods	BiWeekly Deduction 20 Pay Periods	Total Cost of Plan/Month	Subscriber Contribution %
<b>DENTAL - ALTUS DENTAL</b>					
High Plan	Individual	\$22.73	\$27.28	45.46	100%
<i>Plan # 1179-0002</i>	Family	\$61.40	\$73.67	122.79	100%
Low Plan	Individual	\$11.73	\$14.08	23.46	100%
<i>Plan # 1179-0001</i>	2 person	\$25.40	\$30.48	50.80	100%
	Family	\$37.54	\$45.05	75.08	100%