



MIIA Health Benefits Trust
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MIIA HEALTH BENEFITS TRUST
Boxford
 Renewal Proposal
 07/01/2024 - 06/30/2025

MONTHLY CONTRIBUTION RATES				
PRODUCTS		Current	Renewal	
Unified Plan Name for FY2025	COVERAGE	RATES	RATES	CHANGE
Blue Care Elect \$500 Deductible with HCCS	Individual	\$ 1,146.79	\$ 1,189.51	3.73%
	Family	\$ 3,068.51	\$ 3,182.82	
Network Blue NE \$500 Deductible with HCCS	Individual	\$ 970.13	\$ 1,004.16	3.51%
	Family	\$ 2,591.80	\$ 2,682.71	
Network Blue Select \$500 Deductible with HCCS	Individual	\$ 902.25	\$ 873.62	-3.17%
	Family	\$ 2,410.37	\$ 2,333.96	
Dental Blue Freedom High Option	Individual	\$ 44.28	\$ 45.01	1.64%
	Family	\$ 92.12	\$ 93.63	
Dental Blue Enhanced Value	Individual	\$ 35.10	\$ 35.68	1.64%
	Family	\$ 87.30	\$ 88.73	

The Select Network rates were realigned to current pricing differentials.
 Renewal rates are based on final plan design and enrollment.
 Senior plans will renew on January 1, 2025.
 Please provide a copy of the in-force PEC or IAC agreement, if applicable.
 Signed commitment is due on or before April 1, 2024.
 Deductible funding on Medical plans limited to 50% of the deductible

Signature for Acceptance of Rates	Title	Date
Print Name		