



# Town of Boxford

Active Employee

Health Insurance Update/Open Enrollment

	Town Share	Employee Share	Total Premium	Bi-weekly Deduction
<b>BCBS – HMO Network Blue NE</b>				
Individual	\$793.29	\$210.87	\$1004.16	\$105.44
Family	\$1,770.59	\$912.12	\$2,682.71	\$456.06
<b>BCBS – PPO Blue Care Elect</b>				
Individual	\$939.71	\$249.80	\$1,189.51	\$124.90
Family	\$2100.66	\$1,082.16	\$3,182.82	\$541.08
<b>BCBS – HMO Network Blue Select</b>				
Individual	\$690.16	\$183.46	\$873.62	\$91.73
Family	\$1,540.41	\$793.55	\$2,333.96	\$396.77
<b>BCBS Dental Freedom</b>				
Individual		\$45.01		\$22.51
Family		\$93.63		\$46.82
<b>BCBS Dental Blue Enhanced</b>				
Individual		\$35.68		\$17.84
Family		\$88.73		\$44.37
<b>BCBS Vision Blue 20/20 EyeMed Vision Care</b>				
Individual		\$5.83		\$2.92
Individual & Spouse		\$9.91		\$4.96
Individual & Child/ren		\$10.21		\$5.11
Family		\$16.03		\$8.02

If you are happy with your current health plan choice, you do not need to do anything. Please contact Leanne Mihalchik for enrollment/changes to your health plan by **May 24**.

Email: [lmihalchik@boxfordma.gov](mailto:lmihalchik@boxfordma.gov)