

**TOWN OF ERVING
ACTIVE EMPLOYEES
HEALTH & LIFE CONTRIBUTIONS**

RATE SHEET - New Rates Effective July 1, 2024 – June 30, 2025

For active Employees (16% contribution)

Health Plan

BC/BS Health Plans	Coverage	7/1/2024 Rates	Monthly Cost Employer	Monthly Cost Employee	Bi-Weekly Payroll Deduction
Network Blue (HMO)	Single	\$711.00	\$597.24	\$113.76	\$56.88
	Employee + 1	\$1,655.00	\$1,390.20	\$264.80	\$132.40
	Family	\$2,040.00	\$1,713.60	\$326.40	\$163.20
Blue Care Elect (PPO)	Single	\$819.00	\$687.96	\$131.04	\$65.52
	Family	\$2,237.00	\$1,879.08	\$357.92	\$178.96

Dental Plan

Delta Dental	Coverage	7/1/2024 Rates	Town Contribution	Monthly Cost Employee	Bi-Weekly Payroll Deduction
Core Plan	Employee	\$23.65	\$14.38	\$9.27	\$4.64
	Employee + 1	\$46.67	\$28.37	\$18.30	\$9.15
	Family	\$87.21	\$53.00	\$34.21	\$17.11
High Plan	Employee	\$44.15	\$14.38	\$29.77	\$14.89
	Employee + 1	\$83.80	\$28.37	\$55.43	\$27.72
	Family	\$129.73	\$53.00	\$76.73	\$38.37
PPO Plan	Employee	\$23.75	\$14.38	\$9.37	\$4.69
	Family	\$67.96	\$53.00	\$14.96	\$7.48

Vision Plan

MetLife Vision	Coverage	Monthly Cost
	Employee Only	\$6.57
	Employee + Spouse	\$13.17
	Employee + Child(ren)	\$11.14
	Employee + Family	\$18.37

Life Insurance

Boston Mutual	Monthly Coverage	Monthly Cost	Bi-Weekly Payroll Deduction
Life Insurance	\$7.10	\$1.14	\$0.57