

TOWN OF FRANKLIN INSURANCE RATES - FY24
new deductions will start in check issued June 8, 2023; plan is effective July 1, 2023

MA STRATEGIC HEALTH GROUP - ADMINISTERED BY HEALTH PLANS INC. (HPI)					
	Total Monthly Premium	Monthly Town Contribution	Monthly Employee Contribution	Employee Bi-Weekly Rate	10 MONTH Employee Bi-Weekly Rate
ChoiceNet Network Plan <i>(EPO Plan - formerly called a HMO)</i> 6% increase from FY23		68%	32%		
Individual	\$1,067.78	\$726.08	\$341.70	\$170.85	\$205.02
Family	\$2,728.76	\$1,855.56	\$873.20	\$436.60	\$523.92
Best Buy HSA Network Plan <i>(Qualified High Deductible EPO Plan)</i> 4.25% increase from FY23		68%	32%		
Individual	\$859.30	\$584.32	\$274.98	\$137.49	\$164.99
Family	\$2,196.04	\$1,493.30	\$702.74	\$351.37	\$421.65 *
ChoiceNet PPO 6% increase from FY23		50%	50%		
Individual	\$1,319.68	\$659.84	\$659.84	\$329.92	\$395.90
Family	\$3,675.36	\$1,837.68	\$1,837.68	\$918.84	\$1,102.61

* updated to increase by \$0.01 on 10/13/23

DENTAL INSURANCE - GUARDIAN				
	Coverage Type	Monthly Employee Contribution	Employee Bi-Weekly Rate	10 MONTH Employee Bi-Weekly Rate
High Option	<i>employee pays 100%</i>			
	Employee	\$52.88	\$26.44	\$31.73
	Employee and Spouse	\$102.76	\$51.38	\$61.66
	Employee and Child(ren)	\$106.20	\$53.10	\$63.72
	Family	\$156.02	\$78.01	\$93.61
Low Option	<i>employee pays 100%</i>			
	Employee	\$35.02	\$17.51	\$21.02 *
	Employee and Spouse	\$68.04	\$34.02	\$40.82
	Employee and Child(ren)	\$70.34	\$35.17	\$42.20
	Family	\$103.30	\$51.65	\$61.98