

REVISED 01.01.2024 FINAL - FLEXIBLE BENEFIT RATES							
<i>(Effective January 1, 2024)</i>							
TOWN NON-UNION & AFSCME EMPLOYEES - 9.8% increase at 01.01.2024							
AB15/40IPDED HMO - \$1K/\$3K Ded		85%		15%			
FSA Eligible	MONTHLY RATE	TOWN'S SHARE	EE'S SHARE	TOWN BI/WKLY	EE BI/WKLY		
Single	\$ 1,117.53	\$ 949.90	\$ 167.63	\$ 474.95	\$ 83.81	\$ 2,011.55	
2-Person	\$ 2,235.05	\$ 1,899.79	\$ 335.26	\$ 949.90	\$ 167.63		
Family	\$ 3,017.32	\$ 2,564.72	\$ 452.60	\$ 1,282.36	\$ 226.30		
AB SOS HMO - \$3K/\$9K Ded		100%		0%		For SOS Deductible Act as if....personal savings	
FSA Eligible	MONTHLY RATE	TOWN'S SHARE	EE'S SHARE	TOWN BI/WKLY	EE BI/WKLY	1 yr	2 yrs
Single	\$ 760.11	\$ 760.11	\$ -	\$ 380.06	\$ -	\$ 2,179.18	\$ 4,358.37
2-Person	\$ 1,520.22	\$ 1,520.22	\$ -	\$ 760.11	\$ -	\$ 4,358.35	\$ 8,716.70
Family	\$ 2,052.30	\$ 2,052.30	\$ -	\$ 1,026.15	\$ -	\$ 5,883.77	\$ 11,767.55
2024 HEALTH INSURANCE OPT OUT							
Town Opt Out 2024							
Cash back amount per year equal to forty (40%) percent of the Town's Annual Contribution to the basic, one person or 2 person Teamster plan							
Town Annual Contribution to Single Low HMO = 949.90			\$ 11,398.80		Single, 2-Per, Fam		
40% of Town's Annual Contribution			\$ 4,559.52	Opt Out 2024	\$ 4,559.52		
Divided by 24 pays			\$ 189.98	Div by 24 pays	\$ 189.98		
AFSCME Opt Out 2024							
Cash back amount per year equal to forty (40%) percent of the Town's Annual Contribution to lowest HMO Single, 2 Person or Family level.							
			Single	2 Person	Family		
Opt Out 2024			\$ 3,500.00	\$ 7,000.00	\$ 10,000.00		
Div by 24 pays			\$ 145.83	\$ 291.67	\$ 416.67		
RETIREE INFORMATION							
RETIREE UNDER 65 - RESIDING WITHIN NEW ENGLAND							
See AB15/49 Plan or ABSOS PLAN INFORMATION (ABOVE)							
RETIREE UNDER 65 - RESIDING OUTSIDE OF NEW ENGLAND - Effective 1/1/24- LUMENOS							
					Single	\$ 1,093.96	
					2-Person	\$ 2,187.92	
					Family	\$ 2,953.70	
RETIREE 65 AND OVER - Effective 1/1/24							
			MEDICAL AND PRESCRIPTION		PER PERSON	\$ 869.41	
			MEDICAL ONLY (PRESCRIPTION ON MARKETPLACE)		PER PERSON	\$ 359.40	
NHRS Subsidy rates							
				if NHRS Medicare	if NHRS Non-Medicare Eligible		
			Single	\$ 236.84		\$ 375.56	
			2-Person	\$ 473.68		\$ 751.12	