Town and County of Nantucket
Human Resources Office

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TOWN OF NANTUCKET BCBS RATES

Rates EFFECT. 01-01-2023

PLAN OPTION		FULL MONTHLY RATE	EMPLOYEE MONTHLY COST	EE 22 WEEKS	EE 26 WEEKS	TOTAL EMPLOYEE	TOWN MONTHLY SHARE	TOWN ANNUAL COST
Blue Care Elect (PPO)	Ind	$1,241.31	$124.13	**$67.71**	**$57.29**	$1,489.56	$1,489.56	$13,406.12
90%/10%	Fam	$2,647.17	$264.72	**$144.39**	**$122.18**	$3,176.64	$3,176.64	$28,598.43
Network Blue New England (HMO)	Ind	$1,064.23	$106.42	**$58.05**	**$49.12**	$1,277.04	$957.81	$11,493.72
90%/10%	Fam	$2,269.52	$226.95	**$123.79**	**$104.75**	$2,723.40	$2,042.57	$24,510.85
Medex EGWP*	Ind	$368.50	$36.85	**$0.00**	**$0.00**	$442.20	$331.65	$3,979.80
90%/10%								