Town of Walpole - Monthly Rates - effective July 1, 2024 - June 30, 2025										
	100%		20%		30%		40%		50%	
	Full Rate		Employees hired prior to: 1/1/03		Employees hired after: 1/1/03		Clerical, DPW, Fire, Library unions, Town/School non-union employees hired after: 11/1/14; Police union hired after: 5/18/15; Cafeteria/Teacher Aides: 7/1/15; Secretarial: 7/1/16; Custodian, Teacher's union hired after: 9/1/16; Dispatcher Union - all at 40% 7/1/18		Library Union Employees hired on or after: 7/1/20	
HMO PLANS:	Individual	Family	Individual	Family	Individual	Family	Individual	Family	Individual	Family
Network Blue NE \$100 Deductible	\$991.39	\$2,603.56	\$198.28	\$520.71	\$297.42	\$781.07	\$396.56	\$1,041.42	\$495.70	\$1,301.78
Network Blue NE \$500 Deductible	\$903.30	\$2,372.25	\$180.66	\$474.45	\$270.99	\$711.68	\$361.32	\$948.90	\$451.65	\$1,186.13
HMO Blue Select Benchmark \$500 Deductible	\$785.88	\$2,063.86	\$157.18	\$412.77	\$235.76	\$619.16	\$314.35	\$825.54	\$392.94	\$1,031.93
PPO - DENTAL - BASIC LIFE		Full Rate 50%			50%					
			Individual	Family	Individual			Family		
Blue Care Elect \$500 Deductible			\$1,095.00	\$2,875.61		\$547.50		\$1,437.81		
BCBS Dental Blue Freedom			\$50.13	\$135.89		\$25.07		\$67.95		
Life Insurance			\$7.50 \$3.75			\$3.75				
Senior Supplement Plans: January 1, 2024 - December 31, 2024 - 50%:			Individual - Full Rate				Individual Retiree Rate			
BCBS MEDEX			\$370.86				\$185.43			
Medical	\$334.00				\$167.00					
Vision - I	EyeMed for Network & Plan Administration) -				Employee 100% contribution					
Individual			Employee + Spouse				Family			
\$5.	\$9.42					\$15.	23			
	Employee + Child(ren) \$9.70									
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