



TOWN OF TEWKSBURY

TOWN HALL
1009 MAIN ST
TEWKSBURY, MASSACHUSETTS 01876-2796

HUMAN RESOURCES DEPARTMENT

Teresa L Belanger
Human Resources Director

(978) 640-4488
Fax (978) 640-4302

April 30, 2021

TO: Active Employees
FROM: Teresa Belanger, Human Resources Director
SUBJECT: Weekly Rates for Benefit Year 07/01/2021 through 06/30/2022

Below please find the weekly premium deduction rates for the medical and dental plans being offered by the Town effective July 1, 2020. **The Open enrollment period runs from May 3rd - May 21st and your premium deductions will begin June 1st.**

During the year, changes can only be made to your plan within 30 days of a “qualifying event” such as loss of insurance, spouse’s open enrollment, marriage/divorce, or birth of a child/adoption.

Premium rates are split 75%/25% for the Health plans and an 80%/20% split for the Dental plan.

Weekly Premium Deductions

Plan Name	Individual Coverage	Family Coverage
Network Blue New England Network Deductible (HMO)	\$ 47.02	\$ 111.40
Blue Care Elect Deductible (PPO)	\$ 49.14	\$ 116.61
Access Blue New England Saver - High Deductible (HMO)	\$ 41.08	\$ 97.38
Blue Care Elect Saver - High Deductible (PPO)	\$ 44.08	\$ 104.60
Dental Blue	\$ 1.95	\$ 4.99
Boston Mutual Basic Life Insurance (Employee only)	\$ 0.67	NA

The Town offers a voluntary vision plan to our employees and you do not need to subscribe to the medical or dental plans to be eligible for this plan. If you haven’t already signed up for the coverage and would like to, please complete the enrollment form and return it no later than **May 21, 2021**. You should also fill out a form if you wish to make changes to an existing plan (add/drop dependents etc.)

Weekly Premium Deductions

	Employee Only	Employee Plus One	Family Coverage
Blue 20/20 EyeMed Vision Care	\$ 1.40	\$ 2.39	\$ 3.71