	2021 Employee Monthly Rate	2022 Employee Monthly Rate	26 Pay Periods	21 Pay Periods	20 Pay Periods	2022 EE amount
Blue Cross Blue Shield of Massachusetts						
Network Blue Rate Saver Individual	$ 429.42	$ 439.00	$ 202.62	$ 250.86	$ 263.40	$ 5,268.00
Network Blue Rate Saver Family	$ 1,144.95	$ 1,171.00	$ 540.46	$ 669.14	$ 702.60	$ 14,052.00
Network Blue Benchmark Individual	$ 396.27	$ 405.50	$ 187.15	$ 231.71	$ 243.30	$ 4,866.00
Network Blue Benchmark Family	$ 1,055.70	$ 1,079.00	$ 498.00	$ 616.57	$ 647.40	$ 12,948.00
Blue Care Elect PPO Rate Saver Individual	$ 625.26	$ 639.50	$ 295.15	$ 365.43	$ 383.70	$ 7,674.00
Blue Care Elect PPO Rate Saver Family	$ 1,481.55	$ 1,515.00	$ 699.23	$ 865.71	$ 909.00	$ 18,180.00
Blue Care Elect PPO Benchmark Individual	$ 561.51	$ 574.00	$ 264.92	$ 328.00	$ 344.40	$ 6,888.00
Blue Care Elect PPO Benchmark Family	$ 1,331.61	$ 1,361.50	$ 628.38	$ 780.38	$ 819.40	$ 16,388.00
			$ -	$ -	$ -	$ -
Medex (Retirees Only)	**$ 189.00**	**$ 189.00**	**$ -**	**$ -**	**$ -**	**$ 2,313.36**
			$ -	$ -	$ -	$ -

Harvard Pilgrim Health Care	**2021 Employee Monthly Rate**		**26 pay period**	**21 Pay Period**	**20 Pay period**	**2021 EE amount**
HPHC Rate Saver Individual	$ 465.12	$ 476.00	$ 219.69	$ 272.00	$ 285.60	$ 5,712.00
HPHC Rate Saver Family	$ 1,238.79	$ 1,266.50	$ 584.54	$ 723.71	$ 759.90	$ 15,198.00
			$ -	$ -	$ -	
HPHC Benchmark Individual	$ 438.60	$ 448.50	$ 207.00	$ 256.29	$ 269.10	$ 5,382.00
HPHC Benchmark Family	$ 1,167.39	$ 1,194.00	$ 551.08	$ 682.29	$ 716.40	$ 14,328.00

Vision Blue 20/20 Indiv. $5.43 +1 $9.24 Family $14.95

Dental Plans	**2021 Employee Monthly Rate**	**26 Pay Periods**	**21 Pay Periods**	**20 Pay Periods**
DMS/Cigna Network -NO FY22 Change				
Individual	$29.60	$13.66	$16.91	$17.76
Individual +1	$52.00	$24.00	$29.71	$31.20
Family	$87.60	$40.43	$50.06	$52.56
Delta Dental Low Option				
Individual	$40.00	$18.46	$22.86	$24.00
Family	$98.00	$45.23	$56.00	$58.80
Delta Dental High Option				
Individual	$53.00	$24.46	$30.29	$31.80
Family	$134.00	$61.85	$76.57	$80.40