

Monthly Insurance Rates from July 1, 2019 to June 30, 2020

NHSESP																			
Plan	Coverage	Annual Premium					Premium Share %				Annual Premium		Employer Share		Per Pay Premium		Per Pay Premium		
		Medical	Rx	Subtotal	Dental	Subtotal	Annual	Costs	\$30,000	Over	\$30,000	Over	\$30,000	Over	\$30,000	Over	\$30,000	Over	
									or less	\$30,000	or less	\$30,000	or less	\$30,000	or less	\$30,000	or less	\$30,000	or less
BMCS Open Choice 1	Single	550.12	161.06	711.18	53.95	765.13	9,181.56	10.0%	11.0%			918.16	1,009.97	8,263.40	8,171.59	41.73	45.91	35.31	38.85
	Employee / Child	843.16	246.64	1,089.80	132.09	1,221.89	14,662.68	10.0%	11.0%	1,466.27	1,612.89	13,196.41	13,049.79	66.65	73.31	56.40	62.03		
	Employee / Children	1,215.46	418.50	1,633.96	132.09	1,766.05	21,192.60	10.0%	11.0%	2,119.26	2,331.19	19,073.34	18,861.41	96.33	105.96	81.51	89.66		
	Husband / Wife	1,266.25	370.40	1,636.65	132.09	1,768.74	21,224.88	10.0%	11.0%	2,122.49	2,334.74	19,102.39	18,890.14	96.48	106.12	81.63	89.80		
	Family	1,626.96	475.89	2,102.85	132.09	2,234.94	26,819.28	10.0%	11.0%	2,681.93	2,950.12	24,137.35	23,869.16	121.91	134.10	103.15	113.47		
BMCS Open Choice 2	Single	523.88	161.06	684.94	53.95	738.89	8,866.68	10.0%	11.0%	886.67	975.33	7,980.01	7,891.35	40.30	44.33	34.10	37.51		
	Employee / Child	802.94	246.64	1,049.58	132.09	1,181.67	14,180.04	10.0%	11.0%	1,418.00	1,559.80	12,762.04	12,620.24	64.45	70.90	54.54	59.99		
	Employee / Children	1,157.47	418.50	1,575.97	132.09	1,708.06	20,496.72	10.0%	11.0%	2,049.67	2,254.64	18,447.05	18,242.08	93.17	102.48	78.83	86.72		
	Husband / Wife	1,205.83	370.40	1,576.23	132.09	1,708.32	20,499.84	10.0%	11.0%	2,049.98	2,254.98	18,449.86	18,244.86	93.18	102.50	78.85	86.73		
	Family	1,549.35	475.89	2,025.24	132.09	2,157.33	25,887.96	10.0%	11.0%	2,588.80	2,847.68	23,299.16	23,040.28	117.67	129.44	99.57	109.53		
BMCS Open Choice 3	Single	466.23	161.06	627.29	53.95	681.24	8,174.88	9.50%	9.50%	**	779.85	786.32	7,395.03	7,388.56	35.45	35.74	29.99	30.24	
	Employee / Child	714.61	246.64	961.25	132.09	1,093.34	13,120.08	9.50%	9.50%	**	1,254.33	1,270.18	11,865.75	11,849.90	57.02	57.74	48.24	48.85	
	Employee / Children	1,030.13	418.50	1,448.63	132.09	1,580.72	18,968.64	9.50%	9.50%	**	1,809.95	1,825.80	17,158.69	17,142.84	82.27	82.99	69.61	70.22	
	Husband / Wife	1,073.16	370.40	1,443.56	132.09	1,575.65	18,907.80	9.50%	9.50%	**	1,804.17	1,820.02	17,103.63	17,087.78	82.01	82.73	69.39	70.00	
	Family	1,378.89	475.89	1,854.78	132.09	1,986.87	23,842.44	9.50%	9.50%	**	2,272.96	2,288.81	21,569.48	21,553.63	103.32	104.04	87.42	88.03	
BMCS Point of Service	Single	529.21	161.06	690.27	53.95	744.22	8,930.64	10.0%	11.0%			893.06	982.37	8,037.58	7,948.27	40.59	44.65	34.35	37.78
	Employee / Child	811.13	246.64	1,057.77	132.09	1,189.86	14,278.32	10.0%	11.0%			1,427.83	1,570.62	12,850.49	12,707.70	64.90	71.39	54.92	60.41
	Employee / Children	1,169.27	418.50	1,587.77	132.09	1,719.86	20,638.32	10.0%	11.0%			2,063.83	2,270.22	18,574.49	18,368.10	93.81	103.19	79.38	87.32
	Husband / Wife	1,218.12	370.40	1,588.52	132.09	1,720.61	20,647.32	10.0%	11.0%			2,064.73	2,271.21	18,582.59	18,376.11	93.85	103.24	79.41	87.35
	Family	1,565.14	475.89	2,041.03	132.09	2,173.12	26,077.44	10.0%	11.0%			2,607.74	2,868.52	23,469.70	23,208.92	118.53	130.39	100.30	110.33

*Vision Coverage is included at no cost to the Full Time employee at the same level of coverage as the employee Medical & Rx (Single or Family)

**The reduced premium share for BMCS Open Choice 3 is for Medical/Rx Rates only. Dental premium share remains at 10% and 11%.