

**Town of Berkley
Current Health Plan Offerings**

New Plan 7/1/2024

	Network Blue NE	Blue Care Elect Preferred		Network Blue NE- \$500 Deductible *	Access Blue Saver HMO - with copays**
	Full Network New England	National Network		Full Network - New England	Full Network - New England
Deductible		In Network	Out of Network		
Single/Family	N/A		\$500/\$1,000	\$500/\$1,000	\$2,000/\$4,000**
Max Out of Pocket					Combined:
Medical	\$5,000/\$10,000	\$5,000/\$10,000		\$2500/\$5000	\$6,450 Individual / \$12,900
Pharmacy	combined with medical	\$1000/\$2000		\$1000/\$2000	Family
PCP Copay	\$25	\$25	20% after Deductible	\$20	\$20 after deductible
Specialist Copay	\$25	\$25	20% after Deductible	\$60	\$35 after deductible
ER Copay	\$100	\$100	\$100	\$100 after deductible	\$150 after deductible
High Tech Imaging	\$75	\$75	20% after Deductible	\$100 copay after deductible	\$125 copay after deductible
Inpatient Hospitalization					
General Hospitals	\$500 per Admission	\$500 per Admission	20% after Deductible	\$275 after deductible	\$500 per after deductible
HCCS Hospitals			20% after Deductible	\$1,500 after deductible	
Outpatient Day Surgery	\$250 per admission	\$250 per admission	20% after Deductible	\$250 per after deductible	\$250 per after deductible
Rx Deductible	n/a			\$100/\$200	after deductible
Retail Rx Copay	\$15/30/50	\$15/30/50	not covered	\$10/30/65	\$10/30/65
Mail Order Rx Copay	\$30/60/150	\$30/60/150	not covered	\$25/75/165	\$25/75/165
FY25 Rates					
Individual	\$977.05	\$1,753.66		\$879.05	\$741.04
Family	\$2,562.48	\$4,363.89		\$2,305.47	\$1,943.51
40% Monthly Employee Contribution					
Individual	\$390.82	\$701.46		\$351.62	\$296.42
Family	\$1,024.99	\$1,745.56		\$922.19	\$777.40

* New plan offering for July 1, 2024

** If enrolling the saver plan, with family coverage you must meet the full family deductible before copays apply.