



CITY OF CHELSEA, MA
Human Resources Department

City Hall, 500 Broadway, Room 301 - Chelsea, MA 02150
 Phone: 617.466.4170 - Fax: 617.466.4175

MONTHLY PREMIUM - FY23
Effective July 1, 2022 - June 30, 2023

Retiree (Non-Medicare) – HMO

Retiree Plan Description	Plan ID	Monthly Employee Contribution	Monthly City Contribution	Total Monthly Premium	Employee Percentage Share	Comments
City Che (Ret/HMO) 17.5% - Ind	01446 – 70001	\$168.74	\$795.50	\$964.24	17.50%	Retired prior to 05/01/2012 - over/under 65yrs (non-medicare).
City Che (Ret/HMO) 17.5% - Family	01446 – 70001	\$453.88	\$2,139.74	\$2,593.62	17.50%	
Sch Chel (Ret/HMO) 17.5% - Ind	01446 – 70006	\$168.74	\$795.50	\$964.24	17.50%	
Sch Chel (Ret/HMO) 17.5% - Family	01446 – 70006	\$453.88	\$2,139.74	\$2,593.62	17.50%	
City Chel (Ret/HMO) 20% - Ind	01446 – 70004	\$192.85	\$771.39	\$964.24	20%	Retired on or after 05/01/2012 - over/under 65yrs (non-medicare).
City Chel (Ret/HMO) 20% - Family	01446 – 70004	\$518.72	\$2,074.90	\$2,593.62	20%	
Sch Chel (Ret/HMO) 20% - Ind	01446 – 70003	\$192.85	\$771.39	\$964.24	20%	
Sch Chel (Ret/HMO) 20% - Family	01446 – 70003	\$518.72	\$2,074.90	\$2,593.62	20%	

Retiree (Non-Medicare) – PPO

Retiree Plan Description	Plan ID	Monthly Employee Contribution	Monthly City Contribution	Total Monthly Premium	Employee Percentage Share	Comments
City Chel (Ret/PPO) 25% - Ind	01446 – 80004	\$271.38	\$814.13	\$1,085.51	25%	Retired prior to 05/01/2012 - over/under 65yrs (non-medicare).
City Chel (Ret/PPO) 25% - Family	01446 – 80004	\$730.02	\$2,190.07	\$2,920.09	25%	
Sch Chel (Ret/PPO) 25% - Ind	01446 – 80005	\$271.38	\$814.13	\$1,085.51	25%	
Sch Chel (Ret/PPO) 25% - Family	01446 – 80005	\$730.02	\$2,190.07	\$2,920.09	25%	
City Chel (Ret/PPO) 30% - Ind	01446 – 80001	\$325.65	\$759.86	\$1,085.51	30%	Retired after 05/01/2012 - over/under 65yrs (non-medicare). Blue Cross
City Chel (Ret/PPO) 30% - Family	01446 – 80001	\$876.03	\$2,044.06	\$2,920.09	30%	
Sch Chel (Ret/PPO) 30% - Ind	01446 – 80003	\$325.65	\$759.86	\$1,085.51	30%	
Sch Chel (Ret/PPO) 30% - Family	01446 – 80003	\$876.03	\$2,044.06	\$2,920.09	30%	

Altus & DMS Dental

Dental Plan Description	Individual / Family	Monthly Employee Premium	Monthly City Contribution	Total Employee Monthly Premium	Employee Percentage Share	Comments
Altus - Individual	Individual	\$42.97	\$0.00	\$42.97	100%	
Altus - Family	Family	\$99.88	\$0.00	\$99.88	100%	
DMS - Individual	Individual	\$24.10	\$0.00	\$24.10	100%	
DMS - Employee plus 1	plus 1	\$45.40	\$0.00	\$45.40	100%	
DMS - Family	Family	\$65.60	\$0.00	\$65.60	100%	

EyeMed Vision Plan

Dental Plan Description	Plan	Monthly Employee Premium	Monthly City Contribution	Total Employee Monthly Premium	Employee Percentage Share	Comments
Employee only	EyeMed Vision	\$5.91	\$0.00	\$5.91	100%	
Employee and Spouse	EyeMed Vision	\$11.23	\$0.00	\$11.23	100%	
Employee and Child(ren)	EyeMed Vision	\$11.82	\$0.00	\$11.82	100%	
Family	EyeMed Vision	\$17.38	\$0.00	\$17.38	100%	



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Boston Mutual Life

Dental Plan Description	Plan	Monthly Employee Premium	Monthly City Contribution	Total Employee Monthly Premium	Employee Percentage Share	Comments
Boston Mutual - Individual Active	Basic	\$2.95	\$2.95	\$5.90	50%	Active
Boston Mutual - Individual Retiree	Basic	\$6.58	\$6.58	\$13.16	50%	Retiree
Boston Mutual - Dependent	Basic	\$1.24	\$0.00	\$1.24	100%	Dependent