



**TOWN OF AGAWAM  
MEDICAL/DENTAL INSURANCE RATE SHEET  
(EFFECTIVE JULY 1, 2022)**

COVERAGE	MONTHLY RATE	EMPLOYER % CONTRIBUTION	12 MONTH EMPLOYEES MONTHLY COST	BI-WEEKLY COST	10 MONTH MONTHLY COST	10 MONTH BI-WEEKLY COST
<b>MASTER HEALTH PLUS</b>						
Single	\$1,821.48	50%	\$910.74	\$455.37	\$1,150.41	\$575.21
Family	\$4,553.74	50%	\$2,276.87	\$1,138.44	\$2,876.05	\$1,438.03
<b>BLUE CARE ELECT PREFERRED (PPO)</b>						
Single	\$1,637.59	55%	\$736.92	\$368.46	\$930.85	\$465.43
Family	\$4,094.08	55%	\$1,842.34	\$921.17	\$2,327.17	\$1,163.59
<b>NETWORK BLUE NEW ENGLAND (HMO)</b>						
Single	\$798.47	70%	\$239.54	\$119.77	\$302.58	\$151.29
Family	\$1,996.02	70%	\$598.81	\$299.40	\$756.39	\$378.20
<b>ACCESS BLUE NE SAVER</b>						
Single	\$411.17	70%	\$123.35	\$61.68	\$155.81	\$77.91
Family	\$1,263.65	70%	\$379.10	\$189.55	\$478.86	\$239.43
<b>DENTAL BLUE</b>						
Single	\$37.51	50%	\$18.76	\$9.38	\$23.69	\$11.85
Family	\$90.72	50%	\$45.36	\$22.68	\$57.30	\$28.65