

City of Berwyn
 Health-Dental-Vision Insurance Renewal Rates
 Commencing May 2024

BCBS Health HMO Rates (No Vision)			
	Effective 5/1/24 Monthly Premium	Bi-Weekly Employer Contribution	Bi-Weekly Employee Payroll Deduction
Single	\$ 955.21	\$ 385.76	\$ 55.11
Single +1	\$ 1,914.75	\$ 773.26	\$ 110.47
Family	\$ 2,942.87	\$ 1,188.47	\$ 169.78

BCBS Health PPO Rates (No Vision)			
	Effective 5/1/24 Monthly Premium	Bi-Weekly Employer Contribution	Bi-Weekly Employee Payroll Deduction
Single	\$ 1,175.64	\$ 474.78	\$ 67.83
Single +1	\$ 2,356.63	\$ 951.72	\$ 135.96
Family	\$ 3,621.98	\$ 1,462.72	\$ 208.96

VSP Vision Rates			
	Effective 5/1/24 Monthly Premium	Bi-Weekly Employer Contribution	Bi-Weekly Employee Payroll Deduction
Single	\$ 9.00	\$ 3.63	\$ 0.52
Single + spouse	\$ 18.78	\$ 7.58	\$ 1.08
Single + child	\$ 20.10	\$ 8.12	\$ 1.16
Family	\$ 32.13	\$ 12.98	\$ 1.85

Aetna Dental Rates			
	Effective 5/1/24 Monthly Premium	Bi-Monthly Employer Contribution	Bi-Monthly Employee Payroll Deduction
Single	\$ 41.73	\$ 18.26	\$ 2.61
Single +1	\$ 98.76	\$ 43.21	\$ 6.17
Family	\$ 120.08	\$ 52.54	\$ 7.51

Medicare Health Coverage			
		BCBS HMO Monthly Premium Effective 5/1/24	BCBS PPO Monthly Premium Effective 5/1/24
Single		\$ 906.93	\$ 1,116.23
Family		\$ 1,813.88	\$ 2,232.50