## HEALTH AND DENTAL INSURANCE COST SUMMARY FOR FY25 26 PAY PERIODS, with Buyback amounts and PD Stipends

| HMO SUPER |  |  | $\begin{gathered} \text { Annual } \\ \text { Total } \\ \hline \end{gathered}$ | Annual <br> Town Cost | Annual <br> Employee | $\begin{gathered} \hline \text { Monthly } \\ \text { Total } \\ \hline \end{gathered}$ | Monthly <br> Town Cost | Monthly <br> Employee | Town Cost Per Pay Period | Employee <br> Per Pay Period |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| Employer Employee$84.00 \% \quad 16.00 \%$ |  | Single | \$18,930.72 | \$15,901.80 | \$3,028.92 | \$1,577.56 | \$1,325.15 | \$252.41 | \$611.61 | \$116.50 |
|  |  | 2-Person | \$37,820.28 | \$31,769.04 | \$6,051.24 | \$3,151.69 | \$2,647.42 | \$504.27 | \$1,221.89 | \$232.74 |
|  |  | Family | \$51,041.04 | \$42,874.47 | \$8,166.57 | \$4,253.42 | \$3,572.87 | \$680.55 | \$1,649.02 | \$314.10 |


| HMO HSA \$2000 |  |  | Annual Total | Annual Town Cost | Annual <br> Employee | Monthly Total | Monthly Town Cost | Monthly <br> Employee | Town Cost Per Pay Period | Employee Per Pay Period |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| Employer | Employee | Single | \$13,535.52 | \$12,181.97 | \$1,353.55 | \$1,127.96 | \$1,015.16 | \$112.80 | \$468.54 | \$52.06 |
| 90.00\% | 10.00\% | 2-Person | \$27,041.52 | \$24,337.37 | \$2,704.15 | \$2,253.46 | \$2,028.11 | \$225.35 | \$936.05 | \$104.01 |
|  |  | Family | \$36,494.40 | \$32,844.96 | \$3,649.44 | \$3,041.20 | \$2,737.08 | \$304.12 | \$1,263.27 | \$140.36 |


| DENTAL |  | $\begin{gathered} \hline \text { Annual } \\ \text { Total } \end{gathered}$ | Annual <br> Town Cost | Annual <br> Employee | $\begin{gathered} \text { Monthly } \\ \text { Total } \end{gathered}$ | Monthly Town Cost | Monthly <br> Employee | Town Cost <br> Per Pay Period | Employee <br> Per Pay Period |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| Employer Employee | Single* | \$563.88 | \$563.88 | \$0.00 | \$46.99 | \$46.99 | \$0.00 | \$20.71 | \$0.00 |
| 90.00\% 10.00\% | 2-Person | \$1,091.28 | \$1,038.54 | \$52.74 | \$90.94 | \$86.55 | \$4.40 | \$39.94 | \$2.03 |
|  | Family | \$1,985.76 | \$1,843.57 | \$142.19 | \$165.48 | \$153.63 | \$11.85 | \$70.91 | \$5.47 |

* Town pays $100 \%$ of the cost of a single dental plan
** Two Person and Family = Plan Cost, less Single Plan Cost, times $90 \%$, plus single plan cost, divided by 26 pay periods


## (Union \& Non-Union)

| Per Pay |  |  |
| :--- | :---: | :---: |
| Buy-Back |  |  | | Period | Total |  |
| :---: | ---: | ---: |
| Single | $\$ 153.85$ | $\$ 4,000.00$ |
| 2-Person | $\$ 288.47$ | $\$ 7,500.00$ |
| Family | $\$ 384.62$ | $\$ 10,000.00$ |

DENTAL Buyback FY25
(Union \& Non-Union)

| Per Pay <br> Buy-Back <br> Period |  |  | Total |
| :--- | :---: | :---: | :---: |
| Single |  |  |  |


| Stipend | Per Pay Period |  | Total |  |
| :--- | :--- | ---: | ---: | ---: |
| Pol Ed Assoc | $\$$ | 28.85 | $\$$ | 750.00 |
| Pol Ed Bach | $\$$ | 48.08 | $\$$ | $1,250.00$ |
| Pol Ed Masters | $\$$ | 67.31 | $\$$ | $1,750.00$ |

