

## Town of Shrewsbury 2022 - 2023 Employee Payroll Agreement

I \_\_\_\_\_ authorize the Town of Shrewsbury to deduct the premiums designated below from my payroll check.

Pay Frequency	Bi-Weekly (24 Deductions) <small>Town Departments</small>			Bi-Weekly (24 Deductions) <small>Teachers</small>			Bi-Weekly (24 Deductions) <small>School Administrators</small>			21-Bi-Weekly <small>Aides, ABAs, Ext. Day, and Food Svcs.</small>		
<b>Benchmark Plans*</b>	<b>*Effective 7/1/2021 Benchmark plans are not available to new Active Employees and Non-Medicare Eligible Retirees.</b>											
	EMP		TOWN	EMP		TOWN	EMP		TOWN	EMP		TOWN
<b>Tufts</b>												
Individual	___	\$234.60	\$351.90 8280	___	\$234.60	\$351.90 8281	___	\$234.60	\$351.90 8284	___	\$268.11	\$402.17 8283
Family	___	\$614.00	\$921.00 8270	___	\$614.00	\$921.00 8271	___	\$614.00	\$921.00 8274	___	\$701.71	\$1,052.57 8273
<b>HPHC</b>												
Individual	___	\$221.60	\$332.40 8230	___	\$221.60	\$332.40 8231	___	\$221.60	\$332.40 8234	___	\$253.26	\$379.89 8233
Family	___	\$577.60	\$866.40 8210	___	\$577.60	\$866.40 8211	___	\$577.60	\$866.40 8214	___	\$660.11	\$990.17 8213
<b>BC/BS</b>												
Individual	___	119.88	\$324.12 8260	___	\$119.88	\$324.12 8261	___	\$119.88	\$324.12 8264	___	\$137.01	\$370.42 8263
Family	___	\$322.79	\$872.72 8250	___	\$322.79	\$872.72 8251	___	\$322.79	\$872.72 8254	___	\$368.90	\$997.39 8253
<b>BC/BS Select</b>												
Individual	___	\$111.65	\$301.86 8430	___	\$111.65	\$301.86 8431	___	\$111.65	\$301.86 8434	___	\$127.59	\$344.98 8433
Family	___	\$300.38	\$812.13 8410	___	\$300.38	\$812.13 8411	___	\$300.38	\$812.13 8414	___	\$343.29	\$928.14 8413
<b>High Deductible (HSA) Plans</b>	EMP		TOWN	EMP		TOWN	EMP		TOWN	EMP		TOWN
<b>Tufts</b>												
Individual	___	\$167.98	\$286.02 8053	___	\$167.98	\$286.02 8063	___	\$167.98	\$286.02 8073	___	\$191.98	\$326.88 8083
Family	___	\$439.75	\$748.76 8054	___	\$439.75	\$748.76 8064	___	\$439.75	\$748.76 8074	___	\$502.57	\$855.72 8084
<b>HPHC</b>												
Individual	___	\$158.73	\$270.27 8055	___	\$158.73	\$270.27 8065	___	\$158.73	\$270.27 8075	___	\$181.41	\$308.88 8085
Family	___	\$414.22	\$705.29 8056	___	\$414.22	\$705.29 8066	___	\$414.22	\$705.29 8076	___	\$473.39	\$806.04 8086
<b>BC/BS</b>												
Individual	___	\$82.28	\$291.72 8057	___	\$82.28	\$291.72 8067	___	\$82.28	\$291.72 8077	___	\$94.03	\$333.39 8087
Family	___	\$221.76	\$786.24 8058	___	\$221.76	\$786.24 8068	___	\$221.76	\$786.24 8078	___	\$253.44	\$898.56 8088
<b>Indemnity Plans</b>	EMP		TOWN	EMP		TOWN	EMP		TOWN	EMP		TOWN
<b>HPHC PPO</b>												
Individual	___	\$687.75	\$687.75 8160	___	\$687.75	\$687.75 8161	___	\$687.75	\$687.75 8164	___	\$786.00	\$786.00 8163
Family	___	\$1,527.25	\$1,527.25 8150	___	\$1,527.25	\$1,527.25 8151	___	\$1,527.25	\$1,527.25 8154	___	\$1,745.43	\$1,745.43 8153
<b>Life Insurance</b>	EMP		TOWN	EMP		TOWN	EMP		TOWN	EMP		TOWN
Basic Life	___	\$2.12	\$2.12 8904	___	\$2.12	\$2.12 8902	___	\$2.12	\$2.12 8905	___	\$2.42	\$2.42 8903
Optional Life	___	\$ _____	8915	___	\$ _____	8916	___	\$ _____	8917	___	\$ _____	8918
		Formula: Rate \$ _____ x Ins. Total per 1,000 \$ _____ x 12 / _____ (deduction frequency)										
Voluntary Life	___	\$ _____	8930	___	\$ _____	8931	___	\$ _____	8934	___	\$ _____	8933
<b>Town Dental Ins</b>	EMP		TOWN	EMP		TOWN	EMP		TOWN	EMP		TOWN
<b>Altus Dental</b>	(24 week)					Please see school payroll for dental enrollment information						
Individual	___	\$23.38	\$0.00 8970	___	\$0.00 8971							
Family	___	\$60.11	\$0.00 8971	___	\$0.00 8971							

I understand that if my premiums are not deducted correctly from my payroll/retirement check it is my responsibility to notify the Town Benefits Coordinator, and I will be responsible for all back premiums. I also understand that the Town deducts premium one month in advance of coverage and additional premium due upon initial enrollment will also be deducted from my first payroll/retirement check. I acknowledge that I have received a notice informing me of my right under COBRA (Consolidated Omnibus Budget Reconciliation Act). I also acknowledge that I have received the Town of Shrewsbury's HIPAA Privacy Policy.

EFFECTIVE DATE: \_\_\_\_\_

SIGNED: \_\_\_\_\_

DATED: \_\_\_\_\_