

**PREMIUM RATES FY 2025**

<b>Health Insurance - (EE 32% - ER 68% except PPO EE 50% - ER 50%)</b>				
<b>Blue Care Elect Preferred (PPO)</b>				
	<b>Total</b>	<b>Employer Share</b>	<b>Employee Share</b>	<b>Bi-Weekly Deduction</b>
Individual	\$1,586.00	\$793.00	\$793.00	\$396.50
Family	\$3,451.00	\$1,725.50	\$1,725.50	\$862.75
<b>Network Blue N.E. (HMO)</b>				
	<b>Total</b>	<b>Employer Share</b>	<b>Employee Share</b>	<b>Bi-Weekly Deduction</b>
Individual	\$930.00	\$632.40	\$297.60	\$148.80
Family	\$2,302.00	\$1,565.36	\$736.64	\$368.32
<b>HNE (HMO)</b>				
	<b>Total</b>	<b>Employer Share</b>	<b>Employee Share</b>	<b>Bi-Weekly Deduction</b>
Individual	\$853.00	\$580.04	\$272.96	\$136.48
Double	\$1,732.00	\$1,177.76	\$554.24	\$277.12
Family	\$2,333.00	\$1,586.44	\$746.56	\$373.28
<b>Harvard Pilgrim (formerly Tufts )</b>				
	<b>Total</b>	<b>Employer Share</b>	<b>Employee Share</b>	<b>Bi-Weekly Deduction</b>
Individual	\$941.00	\$639.88	\$301.12	\$150.56
Family	\$2,352.00	\$1,599.36	\$752.64	\$376.32

**Vision Plan (Includes Hearing Aid Benefit)– 100% employee paid**

**BCBS VISION 20/20**

	<b>Total monthly</b>	<b>Bi-Weekly Deduction</b>	
Individual	\$6.08	\$3.04	\$3.04
Employee + spouse	\$10.33	\$5.17	\$5.17
Employee +1 or more children (no spouse)	\$10.64	\$5.32	\$5.32
Family (employee plus spouse and 1 or more children)	\$16.71	\$8.36	\$8.36

**Dental Insurance - 100% employee paid**

**BCBS Dental Blue**

	<b>Total monthly</b>	<b>Bi-Weekly Deduction</b>
Individual	\$52.52	\$26.26
Family	\$153.32	\$76.66

**Life Insurance - EE 50% - ER 50%**

**Boston Mutual Life Insurance**

**Monthly Deduction**

<b>Basic &amp; AD&amp;D</b>	<b>Total monthly</b>	<b>Employer Share</b>	<b>Employee Share</b>
\$5,000	\$3.10	\$1.55	\$1.55