

**School Employees
Health Insurance Rates
7/1/2024 thru 6/30/2025**

Health Insurance Plan		7/1/2024 Renewal Monthly <u>Rates</u>		7/1/2024 Town Monthly <u>Share</u>		7/1/2024 Employee Monthly <u>Share</u>	Payroll Deduction 21 <u>Paychecks</u>	Payroll Deduction 26 <u>Paychecks</u>
HPHC MA HMO	Ind	987.52	75%	740.64	25%	246.88	141.07	113.94
	Fam	2,567.57	75%	1,925.68	25%	641.89	366.80	296.26
HPHC MA FOCUS	Ind	873.67	75%	655.25	25%	218.42	124.81	100.81
	Fam	2,271.52	75%	1,703.64	25%	567.88	324.50	262.10
HPHC PPO	Ind	1,185.03	50%	592.52	50%	592.51	338.57	273.46
	Fam	3,081.08	50%	1,540.54	50%	1,540.54	880.31	711.02
Delta Dental (Regional and Northborough)	Ind	39.00	0%	-	100%	39.00	22.29	18.00
	Fam	97.00	0%	-	100%	97.00	55.43	44.77
Blue Cross Blue Shield Dental (Southborough)	Ind	44.56	50%		50%	22.28	12.73	10.28
	Fam	132.70	50%		50%	66.35	37.91	30.62