

Active Employee - monthly premiums

FY25 (July 1, 2024 thru June 30, 2025)

Health Insurance					
Blue Care Elect Preferred (PPO) 00-2317697					
Plan	Total	Employer Share	Employee Share	Bi-Weekly Deduction	
Single	\$819.00	\$491.40	\$327.60	\$163.80	
Family	\$2,237.00	\$1,342.20	\$894.80	\$447.40	
Network Blue New England (HMO) 00-4039048					
Plan	Total	Employer Share	Employee Share	Bi-Weekly Deduction	
Single	\$711.00	\$547.48	\$163.52	\$81.76	
Double	\$1,655.00	\$1,158.50	\$496.50	\$248.25	
Family	\$2,040.00	\$1,428.00	\$612.00	\$306.00	

Dental Insurance - 100% employee paid		
Altus Dental High Plus - 2911-0003		
Plan	Total	Biweekly Deduction
Single	\$44.30	\$22.15
Double	\$88.60	\$44.30
Family	\$148.06	\$74.03
Altus Dental High - 2911-0002		
Plan	Total	Biweekly Deduction
Single	\$35.98	\$17.99
Double	\$71.94	\$35.97
Family	\$183.86	\$91.93
Altus Dental Basic - 2911-0001		
Plan	Total	Biweekly Deduction
Single	\$23.70	\$11.85
Double	\$47.38	\$23.69
Family	\$97.10	\$48.55

Vision Insurance - 100% employee paid		
BCBSMA Blue 20/20 - 20619		
Plan	Total	Biweekly Deduction
Employee	\$6.08	\$3.04
Employee w/Child(ren)	\$10.64	\$5.32
Employee & Spouse	\$10.34	\$5.17
Family	\$16.72	\$8.36

Life Insurance			
Boston Mutual Life Insurance - 24938-00020			
Plan	Total	Employer Share	Employee Share
\$5,000	\$7.10	\$4.26	\$2.84