FY 25 Insurance Rates

Traditional Health Plans			Monthly Premium	Monthly Town Share	Monthly Employee Share	Weekly Payroll Deduction
HMO Blue New England	**70/30**	Individual	$1,082.82	$757.97	$324.85	$81.21
(Tufts EPO, HPHC EPO)		Family	$2,891.46	$2,024.02	$867.44	$216.86
HMO Blue Care Elect	**50/50**	Individual	$1,299.38	$649.69	$649.69	$162.42
(Tufts POS, HPHC PPO)		Family	$3,469.76	$1,734.88	$1,734.88	$433.72
BCBS HMO-SELECT	**70/30**	Individual	$942.05	$659.44	$282.62	$70.65
(HMO Blue Select-limited network)		Family	$2,515.57	$1,760.90	$754.67	$188.67
Delta Dental	**50/50**	Individual	$51.43	$25.72	$25.72	$6.43
		Family	$133.41	$66.71	$66.71	$16.68
EyeMed		Individual	$7.34			
		Ind & Spouse	$13.96			
		Ind & Child	$14.69			
		Ind & Family	$21.60			

High Deductible - HSA qualified plans	Town Contribution to HSA		Monthly Premium	Monthly Town Share	Monthly Employee Share	Weekly Payroll Deduction
BCBS Network NE HMO HSQA	$1,000	Individual	$920.39	$644.27	$276.12	$69.03
Access Blue Saver	$2,000	Family	$2,457.74	$1,720.42	$737.32	$184.33
BCBS Select HMO HSQA	$1,000	Individual	$800.74	$560.52	$240.22	$60.06
Access Blue Saver limited network	$2,000	Family	$2,138.24	$1,496.77	$641.47	$160.37

Medicare Eligible Retiree Plans		Monthly Premium	Monthly Town Share	Monthly Retiree Share
Blue Medex 2	Individual	400.56	280.39	120.17
with Blue MedicareRX (PDP)	Surviving Spouse		200.28	200.28
(Tufts Medicare Supplement with PDP)				
Medicare Advantage PPO	Individual	334.00	233.80	100.20
(Tufts Medicare HMO - Advantage Plan)	Surviving Spouse		167.00	167.00
(Fallon Med Plus)				

For more information on the plans contact HR at (978) 897-4175 or email assttownadmin@stow-ma.gov
or visit our website: https://www.stow-ma.gov/human-resources/pages/employee-benefits