## TOWN OF GEORGETOWN, MASSACHUSETTS

## **FISCAL YEAR 2025 - INSURANCE RATES**

INSURED: July 1, 2024 - June 30, 2025

PAYMENTS DUE: June 2024 - May 2025

			MONTHLY		MONTHLY		MONTHLY	T	OWN/SCHOOL	SO	CHOOL ONLY	
		-	TOTAL COST	]	ΓOWN SHARE	E	MPLOYEE SHARE		24 PAYMENTS	2	1 PAYMENTS	
PPO Blue Care	Family	\$	3,500.04	\$	2,100.02	\$	1,400.02	\$	700.01	\$	800.01	
Town/School Employees	Single	\$	1,413.50	\$	848.10	\$	565.40	\$	282.70	\$	323.09	
<b>HMO Blue New England</b>	Family	\$	2,923.35	\$	1,911.87	\$	1,011.48	_		\$	577.99	
Town/School Employees	Single	\$	1,180.54	\$	772.08	\$	408.46	\$	204.23	\$	233.41	
HMO Select Network 250	Family	\$	2,631.02		1,720.68	\$	910.34	_		\$	520.19	
Town/School Employees	Single	\$	1,062.49	\$	694.87	\$	367.62	\$	183.81	\$	210.07	
MEDEX 2 (Retirees Only)	Single	\$	188.16	\$	112.90	\$	75.26					
BLUE RX (Retirees Only)	Single	\$	180.45	\$	108.27	\$	72.18		Retirees Only	<b>Renews 01/01</b>		
TOTAL (NA for Active Employees)		\$	368.61	\$	221.17	\$	147.44					
Dental Blue Freedom	Family	\$	105.80	\$	52.90	\$	52.90	\$		\$	30.23	
	Single	\$	43.72	\$	21.86	\$	21.86	\$	10.93	\$	12.49	
Blue 20/20 Vision	Family	\$	16.03	\$	-	\$	16.03					
	Single	\$	5.83	\$	-	\$	5.83		<b>Deductions Made Once Per Mo</b>		ce Per Month	
	Single+	\$	10.21	\$	-	\$	10.21		Deductions what once I of whome			
	Couple	\$	9.91	\$	-	\$	9.91					
<b>Boston Mutual Life Insurance</b>												
\$5,000	Active	\$	4.50	\$	2.25	\$	2.25	Deductions Made Once Per Month				
\$2,000	Retired	\$	1.80	\$	0.90	\$	0.90					

All medical insurance plans (HMO/PPO) have increased in price by +6.00% except the Select Network 250 Plan which has increased by +2.58%. The dental and vision insurance plan rates have not changed. School employees on a 21-week pay schedule have deductions taken out at a different rate and operate on a different coverage schedule than those employees paid throughout the full calendar year. Please feel free to contact the Treasurer's Office at any time with any questions at (978) 352-5723.