

You only have 30 days from hire date to enroll. No exceptions.

FY25 Health Insurance Rates
July 1, 2024 Thru June 30, 2025

Contact: Danielle Stolle
dstolle@uxbridge-ma.gov
508-278-8600 X2008

Plan Name	20% for retiree		Town Portion	Employee Portion	Employee Portion	Employee Portion	Employee Portion
		100%	80%	20%	Weekly	Bi-Weekly	19 Week
HMO Blue NE	Ind	\$828.46	\$662.77	\$165.69	\$38.24	\$76.47	\$ 104.65
	Family	\$2,172.99	\$1,738.39	\$434.60	\$100.29	\$200.58	\$ 274.48
PPO Blue Care Elect Saver	Ind	\$1,167.39	\$933.91	\$233.48	\$53.88	\$107.76	\$ 147.46
	Family	\$3,061.95	\$2,449.56	\$612.39	\$141.32	\$282.64	\$ 386.77
HMO Blue Select	Ind	\$720.77	\$576.62	\$144.15	\$33.27	\$66.53	\$ 91.04
	Family	\$1,890.50	\$1,512.40	\$378.10	\$87.25	\$174.51	\$ 238.80

Plan Name	25% for hires before July 1, 2008		Town Portion	Employee Portion	Employee Portion	Employee Portion	Employee Portion
		100%	75%	25%	Weekly	Bi-Weekly	19 Week
HMO Blue NE	Ind	\$828.46	\$621.35	\$207.12	\$47.80	\$95.59	\$ 130.81
	Family	\$2,172.99	\$1,629.74	\$543.25	\$125.36	\$250.73	\$ 343.10
PPO Blue Care Elect Saver	Ind	\$1,167.39	\$875.54	\$291.85	\$67.35	\$134.70	\$ 184.32
	Family	\$3,061.95	\$2,296.46	\$765.49	\$176.65	\$353.30	\$ 483.47
HMO Blue Select	Ind	\$720.77	\$540.58	\$180.19	\$41.58	\$83.17	\$ 113.81
	Family	\$1,890.50	\$1,417.88	\$472.63	\$109.07	\$218.13	\$ 298.50

Plan Name	30% for hires after July 1, 2008		Town Portion	Employee Portion	Employee Portion	Employee Portion	Employee Portion
		100%	70%	30%	Weekly	Bi-Weekly	19 Week
HMO Blue NE	Ind	\$828.46	\$579.92	\$248.54	\$57.35	\$114.71	\$ 156.97
	Family	\$2,172.99	\$1,521.09	\$651.90	\$150.44	\$300.88	\$ 411.72
PPO Blue Care Elect Saver	Ind	\$1,167.39	\$817.17	\$350.22	\$80.82	\$161.64	\$ 221.19
	Family	\$3,061.95	\$2,143.37	\$918.59	\$211.98	\$423.96	\$ 580.16
HMO Blue Select	Ind	\$720.77	\$504.54	\$216.23	\$49.90	\$99.80	\$ 136.57
	Family	\$1,890.50	\$1,323.35	\$567.15	\$130.88	\$261.76	\$ 358.20

				Employee Portion 100%	Employee Portion 100%	Employee Portion 100%	Employee Portion 100%
					Weekly	Bi-Weekly	19 Week
Blue Cross - Dental	Ind	rate through	6/30/2025	\$41.33	\$ 9.54	\$ 19.08	\$ 26.10
Group #6419-0001	Family			\$105.89	\$ 24.44	\$ 48.87	\$ 66.88
Blue Cross - Vision	Ind	rate through	6/30/2025	\$6.77	\$ 1.56	\$ 3.12	\$ 4.28
Group #300204030001	Family			\$18.62	\$ 4.30	\$ 8.59	\$ 11.76
BC Vision-Employee + Spouse				\$11.51	\$ 2.66	\$ 5.31	\$ 7.27
BC Vision-Employee + Children				\$11.85	\$ 2.73	\$ 5.47	\$ 7.48
Basic Life 10K #26238	Ind	\$19.30	50/50	\$9.65	\$ 2.20	\$ 4.40	\$ 6.02