



Town of Leicester
OFFICE OF THE TREASURE/COLLECTOR
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FY25 HEALTH INSURANCE RATES
Effective July 1, 2024 through June 30, 2025

ACTIVE EMPLOYEES

MIIA - BLUE CROSS BLUE SHIELD

	"TOTAL" MONTHLY PREMIUM	BI-WEEKLY EMPLOYEE CONTRIBUTION* 75%-TOWN / 25%-EMPLOYEE	BI-WEEKLY EMPLOYEE CONTRIBUTION* 70%-TOWN / 30%-EMPLOYEE
<u>HMO - BLUE NE 1000</u>			
Individual	\$887.81	\$110.98	\$133.17
Family	\$2,295.76	\$286.97	\$344.36
<u>HMO - BLUE SELECT 1000</u>			
Individual	\$780.31	\$97.54	\$117.05
Family	\$2,016.82	\$252.10	\$302.52
<u>PPO BLUE ELECT 1000</u>			
Individual	\$1,010.96	\$126.37	\$151.64
Family	\$2,614.23	\$326.78	\$392.13
<u>*New* HMO - BLUE NE 2000 (High Deductible)</u>			
Individual	\$778.64	\$97.33	\$116.80
Family	\$2,013.45	\$251.68	\$302.02
<u>*New* HMO - BLUE SELECT 2000 (High Deductible)</u>			
Individual	\$677.41	\$84.68	\$101.61
Family	\$1,751.70	\$218.96	\$262.76

** Employer/Employee Contribution Percentages of **75%/25%** or **70%/30%** are based upon date of hire.*

NOTES: While Full Year employees have 26 payrolls, Health Care Deductions are only taken out of **24 Payrolls**.
 Contributions are deducted a month ahead (e.g. Oct premiums are deducted from Sept payroll).
 School Employees paid for a period **less than a year** will pay an additional amount for fewer months.

MIIA - DENTAL BLUE (BCBS)

Individual	\$52.39	\$26.20
Family	\$144.01	\$72.01

***New* MIIA - DENTAL BLUE (BCBS) - High Option**

Individual	\$55.18	\$27.59
Family	\$151.69	\$75.85

** The Dental plan is 100% EMPLOYEE Paid*

MIIA - VISION BLUE 20/20

Individual	\$6.77
EE+SP	\$11.51
EE+CH	\$11.85
Family	\$18.62

**The Vision plan is 100% employee paid*

For more information or details regarding the plans, please email your questions to: benefits@leicesterma.org