

TOWN OF NORTH ATTLEBOROUGH
HEALTH INSURANCE PLAN RATES
FY 2025 Effective 7-1-2025 (17.5% Increase)

PPO PLAN — BLUE CARE ELECT — Benchmark 2
DEDUCTIBLE PLAN \$300.00 Per Individual / \$900.00 Per Family

	INDIVIDUAL	FAMILY
TOTAL MONTHLY PREMIUM	\$1,823.60	\$4,540.20
TOWN Monthly Cost 75%	\$1,367.70	\$3,405.16
EMPLOYEE Monthly Cost 25%	\$455.90	\$1,135.04
(NO DEDUCTIONS ON (10/31/25 & 05/29/2026) 24 BI-WEEKLY DEDUCTIONS	\$227.95	\$567.52
<i>*10-MONTH EMPLOYEES will have additional deductions taken from their paychecks between September and May to cover the cost of July and August premiums. Alternatively, employees may choose to pay these summer premiums by check.</i>		

HMO PLAN — NETWORK BLUE NEW ENGLAND — Benchmark 2
DEDUCTIBLE PLAN \$300.00 Per Individual / \$900.00 Per Family

	INDIVIDUAL	FAMILY
TOTAL MONTHLY PREMIUM	\$1,017.55	\$2,667.25
TOWN Monthly Cost 75%	\$763.17	\$2,000.45
EMPLOYEE Monthly Cost 25%	\$254.38	\$666.80
(NO DEDUCTIONS ON (10/31/25 & 05/29/2026) 24 BI-WEEKLY DEDUCTIONS	\$127.19	\$333.40
<i>*10-MONTH EMPLOYEES will have additional deductions taken from their paychecks between September and May to cover the cost of July and August premiums. Alternatively, employees may choose to pay these summer premiums by check.</i>		

HDHC PLAN — ACCESS BLUE NEW ENGLAND SAVER
DEDUCTIBLE PLAN \$2,000.00 Per Individual / \$4,000.00 Per Family

	INDIVIDUAL	FAMILY
TOTAL MONTHLY PREMIUM	\$814.00	\$2,133.80
TOWN Monthly Cost 75%	\$610.50	\$1,600.36
EMPLOYEE Monthly Cost 25%	\$203.50	\$533.44
(NO DEDUCTIONS ON (10/31/25 & 05/29/2026) 24 BI-WEEKLY DEDUCTIONS	\$101.75	\$266.72
<i>*10-MONTH EMPLOYEES will have additional deductions taken from their paychecks between September and May to cover the cost of July and August premiums. Alternatively, employees may choose to pay these summer premiums by check.</i>		