

2024 Health Insurance Rates

Harvard Pilgrim Health Care Plan Choices	Total Monthly Premium	College Monthly Contribution	Employee Payroll Deductions	
			Weekly	Monthly
HMO – Employee Only	\$980.84	\$735.63	\$56.59	\$245.21
HMO- Employee Plus 1	\$2,304.96	\$1,728.72	\$132.98	\$576.24
HMO – Family	\$2,795.38	\$2096.54	\$161.27	\$698.85
HMO – Individual for \$45,000 ≤	\$980.84	\$784.67	\$45.27	\$196.17
HMO- Employee Plus 1 for \$45,000 ≤	\$2,304.96	\$1,843.97	\$106.38	\$460.99
HMO – Family for \$45,000 ≤	\$2,795.38	\$2,236.30	\$129.02	\$559.08
PPO Plus – Employee	\$832.44	\$645.14	\$43.22	\$187.30
PPO Plus – Employee Plus 1	\$1,956.24	\$1,516.08	\$101.57	\$440.15
PPO Plus – Family	\$2,372.46	\$1,838.65	\$123.19	\$533.80
PPO Plus – Employee Only for \$45,000 ≤	\$832.44	\$665.95	\$38.42	\$166.49
PPO Plus – Employee Plus 1 for \$45,000 ≤	\$1,956.24	\$1,564.99	\$90.29	\$391.25
PPO Plus – Family for \$45,000 ≤	\$2,372.46	\$1,897.96	\$109.50	\$474.49

2024 Dental Insurance Rates

Delta Dental Plan Choices	Total Monthly Premium	College Monthly Contribution	Employee Payroll Deductions	
			Weekly	Monthly
PPO Plus Premier – Employee Only	\$52.26	\$41.81	\$2.41	\$10.45
PPO Plus Premier – Employee Plus 1	\$104.52	\$52.26	\$12.06	\$52.26
PPO Plus Premier – Family	\$155.79	\$77.90	\$17.98	\$77.90
Delta Care – Employee Only	\$37.65	\$30.12	\$1.74	\$7.53
Delta Care – Employee Only Plus 1	\$70.54	\$35.27	\$8.14	\$35.27
Delta Care – Family	\$106.21	\$53.11	\$12.26	\$53.11

2024 Vision Insurance Rates

EyeMed Vision Plan Choices	Total Monthly Premium	College Monthly Contribution	Employee Payroll Deductions 100% Employee Paid	
			Weekly	Monthly
Employee Only	\$6.18	\$0.00	\$1.43	\$6.18
Employee + Spouse	\$11.75	\$0.00	\$2.71	\$11.75
Employee + Child(ren)	\$12.37	\$0.00	\$2.85	\$12.37
Family	\$18.18	\$0.00	\$4.20	\$18.18