Town of Plympton

**Office of the Treasurer-Collector**

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***FY25 Health, Dental, and Vision rates effective July 1, 2024-June 30, 2025***

The new monthly rates for FY25 are as follows:

**Plan Name** **Individual** **Family**

BCBS Blue Care Elect (PPO) $774.00 $1,834.00

BCBS Rate Saver (PPO) $716.00 $1,696.00

BCBS Benchmark (PPO) $642.00 $1,524.00

Net Blue (HMO) $546.00 $1,454.00

Rate Saver (HMO) $492.00 $1,311.00

Net Blue Benchmark (HMO) $454.00 $1,208.00

Harvard Pilgrim (HMO) $591.00 $1,573.00

Rate Saver (HMO) $533.00 $1,418.00

Choice Net Benchmark (HMO) $503.00 $1,337.00

\*Delta Dental $15.73 $59.17

\*Vision (**EyeMed**) $4.58 $12.60 (Family)
 $7.78 (Employee + Spouse)

 $8.02 (Employee +1 or more children)

**DEDUCTIONS**

***Health Insurance:*** Town Employees: four equal payments/month

School Employees: 2 equal payments/month

**\**Delta Dental and EyeMed Vision:***

Deductions will be taken on the first pay date of each month.

**ANNUAL OPEN ENROLLMENT**

All changes or new enrollment forms are **due in the Treasurer’s Office no later than May 15, 2024**. More information regarding the Town of Plympton Benefits can be found under the Treasurer-Collector’s Department Page under Employment Information: [new\_rates\_and\_open\_enrollment\_fy25\_all.pdf (plympton.ma.us)](https://www.town.plympton.ma.us/sites/g/files/vyhlif1091/f/pages/new_rates_and_open_enrollment_fy24_all.pdf)

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