

2025 Health Insurance Rates

Harvard Pilgrim Health Care Plan Choices	Total Monthly Premium	College Monthly Contribution	Employee Payroll Deductions	
			Weekly	Semi-Monthly
HMO – Employee Only	\$1,096.86	\$822.64	\$63.28	\$137.11
HMO- Employee Plus 1	\$2,577.61	\$1,933.22	\$148.71	\$322.20
HMO – Family	\$3,126.04	\$2,344.52	\$180.35	\$390.76
HMO – Individual for \$45,000 ≤	\$1,096.86	\$877.48	\$50.63	\$109.69
HMO- Employee Plus 1 for \$45,000 ≤	\$2,577.61	\$2,062.10	\$118.97	\$257.76
HMO – Family for \$45,000 ≤	\$3,126.04	\$2,500.82	\$144.28	\$312.61
PPO Plus – Employee	\$930.91	\$721.46	\$48.34	\$104.73
PPO Plus – Employee Plus 1	\$2,187.64	\$1,695.42	\$113.59	\$246.11
PPO Plus – Family	\$2,653.09	\$2,056.16	\$137.76	\$298.47
PPO Plus – Employee Only for \$45,000 ≤	\$930.91	\$744.73	\$42.96	\$93.09
PPO Plus – Employee Plus 1 for \$45,000 ≤	\$2,187.64	\$1,750.10	\$100.97	\$218.77
PPO Plus – Family for \$45,000 ≤	\$2,653.09	\$2,122.47	\$122.45	\$265.31

2025 Dental Insurance Rates

Delta Dental Plan Choices	Total Monthly Premium	College Monthly Contribution	Employee Payroll Deductions	
			Weekly	Semi-Monthly
PPO Plus Premier – Employee Only	\$53.53	\$42.84	\$2.47	\$5.35
PPO Plus Premier – Employee Plus 1	\$107.06	\$53.54	\$12.35	\$26.76
PPO Plus Premier – Family	\$159.58	\$79.80	\$18.41	\$39.89
Delta Care – Employee Only	\$37.65	\$30.11	\$1.74	\$3.77
Delta Care – Employee Only Plus 1	\$70.54	\$35.28	\$8.14	\$17.63
Delta Care – Family	\$106.21	\$53.11	\$12.25	\$26.55

2025 Vision Insurance Rates

EyeMed Vision Plan Choices	Total Monthly Premium	College Monthly Contribution	Employee Payroll Deductions 100% Employee Paid	
			Weekly	Semi-Monthly
Employee Only	\$6.18	\$0.00	\$1.43	\$3.09
Employee + Spouse	\$11.75	\$0.00	\$2.71	\$5.88
Employee + Child(ren)	\$12.37	\$0.00	\$2.86	\$6.19
Family	\$18.18	\$0.00	\$4.20	\$9.09