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**TOWN OF SHERBORN**  
**EMPLOYEE INSURANCE FY2025**  
**PINE HILL SCHOOL EMPLOYEES**

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**April 2024**

**Finance Office**

**508-651-7859**

**HEALTH INSURANCE PREMIUMS**

Beginning **July 1, 2024**, the new rates indicated below are in effect for each of the Health Insurance Plans. The open enrollment period is the month of **April/May**, with deductions beginning on the first payroll in June.

Anyone wishing to change health insurance plans must do so by filing an application at the Finance office before **May 10, 2024**

**MONTHLY RATES**

**INDEMNITY PLAN:**

Blue Care Elect Preferred (PPO)

<b><u>SINGLE</u></b>	<b><u>FAMILY</u></b>
<b>655.00</b>	<b>1,721.00</b>

**RATE SAVER & BENCHMARK EQUIVALENTS:**

HMO: Network Blue N.E. Value Plus

**317.00      833.00**

HMO: Network Blue N.E. Deductible Plan

**294.00      772.00**

**SENIOR PLAN**

If eligible, contact the Finance Office

Health insurance premiums are treated on a pre-tax basis for both federal and state income tax purposes. IRS regulations require that employee enrollments be fixed for a one-year period unless there is a change in family status.

Employees who are enrolled in a health insurance program who turn 65 during the year should contact the Finance office regarding their coverage.

Employees who are Benefit Eligible, can participate in a Pre-Tax Flexible Savings Plan and Dependent Care Plan. Contact the Finance office for details.

**See page 2 for Life, Dental & Vision Plan Insurance premiums**

**If you have any questions, please contact the Finance Office at  
508-651-7859 x235 or email payroll@sherbornma.org**

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## **LIFE INSURANCE**

	<u>Per Month</u>
Basic life and accidental death insurance - \$5,000	\$ 4.30

Voluntary life and accidental death insurance

	<u>Per Month</u>
Plan II \$5,000	\$ 3.90
Plan II 10,000	7.80
Plan III 15,000	11.70
Plan IV 20,000	15.60
Plan V 25,000	19.50
Plan VI 30,000	23.40
Dependent coverage:	
Spouse - \$5,000 Children - \$2000	\$ 4.33

Voluntary life and accidental death insurance is fully paid by the employee.

## **DISABILITY INSURANCE**

Benefit eligible employees may enroll in the employee paid accident and disability insurance through AFLAC. (Seasonal employees are not eligible.) Premiums are deducted twice a month.

Anyone interested should contact the Finance Office for more information. Under the plan, employees pay the entire premium.

## **DENTAL INSURANCE**

	<u>Per Month</u>
Dental Blue Value Individual	\$ 28.42
Family	70.16

Dental insurance premiums are fully paid by the employee and are treated on a pre-tax basis for both federal and state income tax purposes. IRS regulations require that employee enrollments be fixed for a one-year period unless there is a change in family status.

## **Vision Plan**

	<u>Per Month</u>
Blue 20/20 Exam-Plus Individual	\$ 5.54
Family	15.23
Employee + Spouse	9.42
Employee + one or more Children	9.70

Vision Plan premiums are fully paid by the employee and are treated on a pre-tax basis for both federal and state income tax purposes. IRS regulations require that employee enrollments be fixed for a one-year period unless there is a change in family status.

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