
TOWN OF SHERBORN
EMPLOYEE INSURANCE FY2025
PINE HILL SCHOOL EMPLOYEES

April 2024	Finance Office	508-651-7859
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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)	655.00	1,721.00
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SINGLE FAMILY

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**

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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