

Town of Scituate



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FY 2024 HEALTH and DENTAL INSURANCE RATES

(Effective July 1, 2023 through June 30, 2024)

	<u>Family Plan</u>	<u>Individual Plan</u>	<u>Bi-weekly Withholding</u>
HMO Blue New England	\$1,293.31	\$278.71	\$646.65 // \$139.36
HMO with Deductible	\$1,238.56	\$267.08	\$619.28 // \$133.54
PPO Blue New England	\$1,661.47	\$700.25	\$830.73 // \$350.12
PPO with Deductible	\$1,502.08	\$563.79	\$751.04 // \$281.89
<u>DELTA DENTAL</u>	Family plan \$134.00	Individual Plan \$53.00	\$67.00 // \$26.50