

Town of Scituate



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HEALTH INSURANCE

(Rates are effective July 1, 2024-June 30, 2025)

	<u>Family Plan</u>	<u>Individual Plan</u>	<u>Bi-weekly Withholding</u>
HMO Blue New England	\$1,363.15	\$293.76	\$681.57 // \$146.88
HMO with Deductible	\$1,305.44	\$281.50	\$652.72 // \$140.75
PPO Blue New England	\$1,751.19	\$738.06	\$875.59 // \$369.03
PPO with Deductible	\$1,583.19	\$594.23	\$791.59 // \$297.12
DELTA DENTAL	Family plan \$134.00	Individual Plan \$53.00	\$67.00 // \$26.50