

**Somerset Health Plan Group
Blue Cross Blue Shield of MA
Rate Sheet for Fiscal Year 07/01/2024-06/30/2025**

To: All Benefit Eligible Employees/Retirees of the Town of Somerset and the Somerset-Berkley Regional School District
 From: Somerset Health Plan Group
 Date: April 24, 2024
 RE: Health Insurance FY 2025 Health Insurance Rates

Below are the health insurance rates for FY 2025. Rates and **coverages begin July 1, 2024.**

*All plans are subject to interim year changes as determined by our claims history as a group throughout the year.

New Employees are effective the date of hire with premiums paid one month in advance. Outside of the open enroll period each year, current employees will need a qualifying event to enroll. Qualifying events are: Marriage, Divorce and Birth of a child, Death or a loss of coverage under another plan. Notice must be within 30 days of the qualifying event and will be effective the date of the qualifying event.

For questions, please call Human Resources at 508-324-3100 x3211 or Town Treasurer's office at: 508-646-2822, if you have questions.

	FY 2024 Rate	FY 2024 % Increase	FY 2025 Rate	Employer Monthly Contribution 75%	Employee Monthly Contribution 25%
Blue Care New England HMO Individual	\$894.43	3%	\$922.00	\$691.5	\$230.50
Blue Care New England HMO Family	\$2,242.49	3%	\$2,310.00	\$1,732.50	\$577.50
Blue Care Elect PPO Individual	\$1,290.22	3%	\$1,330.00	\$977.50	\$332.50
Blue Care Elect PPO Family	\$3,225.55	3%	\$3,322.00	\$2,491.50	\$830.50
Blue Care Elect PPO is only available to those employee's or retirees living outside the Blue New England Network Area (MA, RI, NH, ME, CT)					
Medex II	\$415.84	0%	\$415.84	\$311.88	\$103.96
Medicare PPO Blue	\$336.00	0%	\$336.00	\$252.00	\$84.00
*** EMPLOYER CONTRIBUTIONS WILL REMAIN AT 75% FOR ALL PLANS***					

Thank you!