



Acton-Boxborough Regional School District
FY25 Health Care Premiums
7/1/24 - 6/30/25

10 Month Employees (School Year)

Your deductions will be taken over 20 pay periods from September through June. The deduction rate will change for the last 3 pay periods of FY2024 to adjust for new health rates which start in July.

12 Month Employees

Your deductions will be the first two pay periods of every month. The deduction rate will change in June to reflect July rate changes.

Retirees

Retirees pay 50% of health insurance cost for all plans.

	Employee Contribution	Monthly Cost Employee	10 month Employee per Pay Period	12 month Employee per Pay Period	Retirees Under 65 Monthly
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Blue Care Elect PPO 500/1000

Individual	50%	\$657.82	\$386.95	\$328.91	\$657.82
Family	50%	\$1,588.62	\$934.48	\$794.31	\$1,588.62

Access Blue High Deductible HMO with HSA 1600/3200

Individual	25%	\$255.46	\$150.27	\$127.73	N/A
Family	25%	\$616.93	\$362.90	\$308.46	N/A

Network Blue New England HMO 500/1000

Individual	25%	\$274.39	\$161.41	\$137.20	\$548.78
Family	25%	\$662.65	\$389.79	\$331.33	\$1,325.30

SELECT Network Blue NE 500/1000

Individual	25%	\$238.72	\$140.42	\$119.36	\$477.44
Family	25%	\$576.51	\$339.12	\$288.25	\$1,153.01

Altus Dental Plans

High Plan

Individual	100%	\$62.03	\$36.49	\$31.02	N/A
Family	100%	\$158.99	\$93.52	\$79.50	N/A

Low Plan

Individual	100%	\$49.46	\$29.09	\$24.73	N/A
Family	100%	\$121.18	\$71.28	\$60.59	N/A

EyeMed Vision Plan - TBD

Individual	100%	\$7.34	\$4.32	\$3.67	N/A
Family	100%	\$21.60	\$12.71	\$10.80	N/A

Age 65 & Over Retirees: Plan Year 1/1/2024 - 12/31/2024

	Retiree Contribution	Retiree Monthly Cost	
Aetna Medicare Plan	50%	\$152.50	
Altus Retiree Dental	100%	Ind: \$52.47 Dual: \$104.92 Family: \$183.61	