



Town of Wilmington
Insurance Rates

Policy Year
June 1, 2024 to May 31, 2025

Rates represent the employee contribution **per week**. Premium deductions are made four times per month and are for the following month's coverage.

Health Insurance

Plan	Individual	Family
Network Blue New England (HMO)	\$69.20	\$162.36
Blue Care Elect Preferred (PPO)	\$86.98	\$204.10

Dental Insurance

Dental Blue Select	\$14.75	\$37.76
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Vision Insurance

Plan	Individual	Individual Plus One	Family
Blue 20/20	\$1.52	\$2.59	\$4.02

New employees have 30 days from the date of hire to enroll in a Town sponsored insurance plan.

To find out if your doctor or dentist is covered by a Town sponsored plan visit <https://findadoctor.bluecrossma.com/> or call 1-800-810-BLUE (2583).