

# Boston College Benefits Office

## Health Insurance Rates

### Effective January 1, 2025

	Employee Cost (per month)	University Contribution	Total Premium**
<b>Harvard Pilgrim PPO Plan</b>			
Individual	\$273.28	\$819.76	\$1,093.04
Family	\$741.96	\$2,225.97	\$2,967.93
<b>Harvard Pilgrim HMO Plan</b>			
Individual	\$193.16	\$772.67	\$965.83
Family	\$524.88	\$2,099.50	\$2,624.38
<b>“Delta Premier” Dental Plan</b>			
Individual	\$15.76	\$23.61	\$39.37
Family	\$53.44	\$80.10	\$133.54
** Total premiums above are working rates for self-insurance purposes.			
<b>“DeltaCare” Dental Plan</b>			
Individual	\$17.28	\$25.89	\$43.17
Family	\$42.72	\$64.06	\$106.78
<b>EyeMed Vision Plan</b>			
Individual	\$8.85		\$8.85
Family	\$22.56		\$22.56

**Note:** All amounts are monthly costs. Payroll deductions apply to coverage for the current month (e.g., January deductions pay for January’s coverage).

The annual open enrollment period for these plans occurs in November/December, effective January 1. Employees may change plans or type of membership (individual/family), or enroll in a plan for the first time, as of January 1 each year. **Enrollment or changes at other times of the year will not be permitted** unless certain qualifying events (life events) occur (e.g., a spouse’s loss of coverage due to termination of employment; marriage; birth or adoption of a child; divorce or legal separation; or death of a spouse or dependent). The Benefits Office must be notified within 31 days of the qualifying event.