

ACTIVE EMPLOYEE PLAN RATES effective 7/1/26				Employee Contribution BIWEEKLY @ 30%				Employee Contribution MONTHLY @ 30%		Total Premium MONTHLY @ 100%	
Health Plan	High Deductible Group	Standard Deductible Group	Type of Coverage	Munis Code	High Deductible	Munis Code	Standard Deductible	High Deductible	Standard Deductible	High Deductible	Standard Deductible
BCBS PPO	00-2360787	00-2345180	Family	2401	\$ 472.65	2408	\$ 577.20	\$ 945.30	\$ 1,154.40	\$ 3,151.00	\$ 3,848.00
Blue Care Elect			Individual	2401	\$ 188.55	2408	\$ 230.70	\$ 377.10	\$ 461.40	\$ 1,257.00	\$ 1,538.00
			Parent/Child	2401	\$ 378.75	2408	\$ 462.00	\$ 757.50	\$ 924.00	\$ 2,525.00	\$ 3,080.00
BCBS HMO	00-2360788	00-4054979	Family	2401	\$ 388.65	2408	\$ 473.40	\$ 777.30	\$ 946.80	\$ 2,591.00	\$ 3,156.00
Network Blue NE			Individual	2401	\$ 144.90	2408	\$ 176.40	\$ 289.80	\$ 352.80	\$ 966.00	\$ 1,176.00
			Parent/Child	2401	\$ 292.50	2408	\$ 355.80	\$ 585.00	\$ 711.60	\$ 1,950.00	\$ 2,372.00
HPHC PPO	18984-0003	028865-0000	Family	2402	\$ 397.65	2409	\$ 503.70	\$ 795.30	\$ 1,007.40	\$ 2,651.00	\$ 3,358.00
			Individual	2402	\$ 148.05	2409	\$ 190.50	\$ 296.10	\$ 381.00	\$ 987.00	\$ 1,270.00
			Parent/Child	2402	\$ 299.55	2409	\$ 380.55	\$ 599.10	\$ 761.10	\$ 1,997.00	\$ 2,537.00
HPHC HMO	18983-0003	033301-0000	Family	2402	\$ 361.20	2409	\$ 464.10	\$ 722.40	\$ 928.20	\$ 2,408.00	\$ 3,094.00
			Individual	2402	\$ 134.25	2409	\$ 173.40	\$ 268.50	\$ 346.80	\$ 895.00	\$ 1,156.00
			Parent/Child	2402	\$ 272.25	2409	\$ 346.95	\$ 544.50	\$ 693.90	\$ 1,815.00	\$ 2,313.00

MEDICARE PLAN RATES effective 1/1/26		Type of Coverage	Type of Plan	Retiree Contribution MONTHLY @ 50%	Survivor Contribution MONTHLY @ 100%
Tufts Medicare Preferred HMO	1267	Individual	Medicare Advantage Plan	\$ 211.50	\$ 423.00
BCBS Medex 2 + Blue Medicare Rx	50-0180390	Individual	Freedom to Choose Plan	\$ 265.00	\$ 530.00
BCBS Medicare HMO Blue	00-4043308	Individual	Medicare Advantage Plan	\$ 316.22	\$ 632.44
BCBS Managed Blue + Blue Medicare Rx	4035705	Individual	HMO Medigap Plan	\$ 258.20	\$ 517.24
HPHC Medicare Enhance + Aetna Rx by Silverscript	39000-0000	Individual	Freedom to Choose Plan	\$ 237.50	\$ 475.00

DENTAL PLAN RATES effective 7/1/26			Munis Code	Employee Contribution BIWEEKLY @ 100%	MONTHLY @ 100%	COBRA @ 102%
Premier Table Plan	0950-6003	Family	2552	\$ 40.50	\$ 81.00	\$ 82.62
COBRA Group	0950-6004	Individual	2551	\$ 16.50	\$ 33.00	\$ 33.66
PPO Plus w/Ortho	0958-9014	Family	2572	\$ 76.64	\$ 153.27	\$ 156.34
COBRA Group	0958-9015	Individual	2571	\$ 27.04	\$ 54.08	\$ 55.16