

Health and Dental Insurance Rates (*)

Effective July 1, 2026

	Monthly Premium	City Share %	Monthly City Share	Monthly Employee	Weekly Deduction	Bi-Weekly Deduction	Semi-Monthly	<u>COBRA RATES</u>
BCBS Blue Care Elect Preferred (PPO) - FOR OUT OF NEW ENGLAND MEMBERS ONLY								
Individual	\$1,362.97	75%	\$1,022.23	\$340.74	\$78.63	\$157.27	\$170.37	\$1,390.23
Family	\$3,524.16	75%	\$2,643.12	\$881.04	\$203.32	\$406.63	\$440.52	\$3,594.64
BCBS Network Blue New England								
Individual	\$1,253.08	75%	\$939.81	\$313.27	\$72.29	\$144.59	\$156.64	\$1,278.14
Family	\$3,239.63	75%	\$2,429.72	\$809.91	\$186.90	\$373.80	\$404.95	\$3,304.42
BCBS Network Blue Select								
Individual	\$990.92	75%	\$743.19	\$247.73	\$57.17	\$114.34	\$123.87	\$1,010.74
Family	\$2,460.23	75%	\$1,845.17	\$615.06	\$141.94	\$283.87	\$307.53	\$2,509.43
HPHC ChoiceNet HMO								
Individual	\$1,080.85	75%	\$810.64	\$270.21	\$62.36	\$124.71	\$135.11	\$1,102.47
Family	\$2,683.52	75%	\$2,012.64	\$670.88	\$154.82	\$309.64	\$335.44	\$2,737.19
HPHC Focus								
Individual	\$791.60	75%	\$593.70	\$197.90	\$45.67	\$91.34	\$98.95	\$807.43
Family	\$1,988.57	75%	\$1,491.43	\$497.14	\$114.73	\$229.45	\$248.57	\$2,028.34
HDHP Qualified HDHP w/ HSA								
Individual	\$700.71	75%	\$525.53	\$175.18	\$40.43	\$80.85	\$87.59	\$714.72
Family	\$1,739.72	75%	\$1,304.79	\$434.93	\$100.37	\$200.74	\$217.47	\$1,774.51
BCBS Dental Blue Freedom - High PLUS Option**							**ACTIVE EMPLOYEES ONLY	
Employee	\$46.43	0%	0	\$46.43	\$10.71	\$21.43	\$23.22	\$47.36
Family	\$140.26	0%	0	\$140.26	\$32.37	\$64.74	\$70.13	\$143.07
BCBS Dental Blue Freedom - High Option								
Employee/Retiree	\$42.71	0%	0	\$42.71	\$9.86	\$19.71	\$21.36	\$43.56
Two Person*	\$85.43	0%	0	\$85.43	\$19.71	\$39.43	\$42.72	\$87.14
Family	\$128.05	0%	0	\$128.05	\$29.55	\$59.10	\$64.03	\$130.61
BCBS Dental Blue Freedom - Low Option								
Employee/Retiree	\$36.15	0%	0	\$36.15	\$8.34	\$16.68	\$18.08	\$36.87
Two Person*	\$72.28	0%	0	\$72.28	\$16.68	\$33.36	\$36.14	\$73.73
Family	\$104.50	0%	0	\$104.50	\$24.12	\$48.23	\$52.25	\$106.59
* ONLY RETIREES CAN HAVE A TWO PERSON DENTAL PLAN								
UnitedHealthcare Vision								
Employee/Retiree	\$4.98	0%	0	\$4.98	\$1.15	\$2.30	\$2.49	\$5.08
Employ/Ret & Dependent	\$9.97	0%	0	\$9.97	\$2.30	\$4.60	\$4.99	\$10.17
Family	\$14.95	0%	0	\$14.95	\$3.45	\$6.90	\$7.48	\$15.25

ALL PLANS - MANDATORY mail order for maintenance drugs

UNUM Optional Life Insurance - Age-bands

Elect coverage in \$10,000 increments, the lesser of 3x your annual salary or \$500,000.

Calculate premium: Amount elected divided by 1,000, then multiply by the rate = monthly cost.

Employee - Age:	<30	30 - 34	35 - 39	40 - 44	45 - 49	50 - 54	55 - 59	60 - 64	65 - 69	70 - 74
Rate:	\$0.122	\$0.137	\$0.161	\$0.221	\$0.310	\$0.472	\$0.832	\$0.976	\$1.725	\$2.857
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Spouse - Age:	<30	30 - 34	35 - 39	40 - 44	45 - 49	50 - 54	55 - 59	60 - 64	65 - 69	70 - 74
Rate:	\$0.092	\$0.107	\$0.131	\$0.191	\$0.280	\$0.442	\$0.802	\$0.946	\$1.695	\$2.827

(*Listed premiums, plan designs, and contribution rates are subject to changes due to Collective Bargaining or by the authority of the City Manager when applicable.)