

Fiscal Year 2026 Rates

Coverage Effective 07/01/2025 through 06/30/2026

Premiums are due the first of the month of coverage and withheld from paychecks issued in the preceding month.

New rates will begin with deductions withheld from paychecks issued June 4, 2025

Health New England	Monthly Rate		Employee and Employer Share			
	Individual	Family	Individual Share	Town Share	Family Share	Town Share
	817	2039				
	Bi-weekly Deduction		\$122.55	\$285.95	\$305.85	\$713.65
	10 Month Bi-Weekly Overage*		\$24.51	\$57.19	\$61.17	\$142.73
	Eligible Retirees - Monthly		\$245.10	\$571.90	\$611.70	\$1,427.30
	COBRA Monthly		\$833.34	\$0.00	\$2,079.78	\$0.00

Network Blue New England	Monthly Rate		Employee and Employer Share			
	Individual	Family	Individual Share	Town Share	Family Share	Town Share
	939	2332				
	Bi-weekly Deduction		\$140.85	\$328.65	\$349.80	\$816.20
	10 Month Bi-Weekly Overage*		\$28.17	\$65.73	\$69.96	\$163.24
	Eligible Retirees - Monthly		\$281.70	\$657.30	\$699.60	\$1,632.40
	COBRA Monthly		\$957.78	\$0.00	\$2,378.64	\$0.00

Blue Care Elect PPO	Monthly Rate		Employee and Employer Share			
	Individual	Family	Individual Share	Town Share	Family Share	Town Share
	1586	3444				
	Bi-weekly Deduction		\$396.50	\$396.50	\$861.00	\$861.00
	10 Month Bi-Weekly Overage*		\$79.30	\$79.30	\$172.20	\$172.20
	Eligible Retirees - Monthly		\$793.00	\$793.00	\$1,722.00	\$1,722.00
	COBRA Monthly		\$1,617.72	\$0.00	\$3,512.88	\$0.00

HPHC/TUFTS Health Plan	Monthly Rate		Employee and Employer Share			
	Individual	Family	Individual Share	Town Share	Family Share	Town Share
	890	2220				
	Bi-weekly Deduction		\$133.50	\$311.50	\$333.00	\$777.00
	10 Month Bi-Weekly Overage*		\$26.70	\$62.30	\$66.60	\$155.40
	Eligible Retirees - Monthly		\$267.00	\$623.00	\$666.00	\$1,554.00
	COBRA Monthly		\$907.80	\$0.00	\$2,264.40	\$0.00

Altus Dental	Monthly Rate				Employee and Employer Share			
	Individual	Family	Plus Spouse	Plus Child(ren)	Individual	Family	Plus Spouse	Plus Child(ren)
	46.73	137.5	92.09	92.19				
	Bi-weekly Deduction		\$23.37	\$68.75	\$46.05	\$46.10		
	10 Month Bi-Weekly Overage*		\$4.67	\$13.75	\$9.21	\$9.22		
	COBRA Monthly		\$47.66	\$140.25	\$93.93	\$94.03		
	Retiree Dental Plan**		\$52.47	\$183.61	\$104.93	N/A		

Altus Vision	Monthly Rate				Employee and Employer Share			
	Individual	Family	Plus Spouse	Plus Child(ren)	Individual	Family	Plus Spouse	Plus Child(ren)
	6.50	18.85	13.00	13.65				
	Bi-weekly Deduction		\$3.25	\$9.43	\$6.50	\$6.83		
	10 Month Bi-Weekly Overage*		\$0.65	\$1.89	\$1.30	\$1.37		
	COBRA Monthly		\$6.63	\$19.23	\$13.26	\$13.92		
	Retiree Vision Plan**		\$6.50	\$18.85	\$13.00	\$13.65		

*The 10-month bi-weekly overage deduction is the additional amount to pay for future summer coverage and is deducted from bi-weekly paychecks for paraprofessionals, cafeteria workers, CNAs and school year secretaries from September through June. We adjust these rates in May and June to reflect actual premiums on receipt of approved rates.

** The Retiree Dental Plan is different from the Active Employee Plan - see plan highlights

Boston Mutual	Basic Life Insurance		
	Active - \$5,000 with \$5,000 ADD	Individual Share	Town Share
	Bi-Weekly Deduction	\$0.60	\$0.60
	10 Month Bi-Weekly Overage*	\$0.12	\$0.12
	Retiree - \$1,000 - Monthly	\$0.22	\$0.22