

INSURANCE RATES FOR 2025 - 2026

EFFECTIVE FOR JULY 1, 2025 COVERAGE

	Annual (Employee Amount)		26 Payments	21 Payments
<u>PPO Blue Care Elect</u>	\$ 16,358.88 Family		\$629.19	\$779.00
	\$ 6,317.64 Single		\$242.99	\$300.84
<u>HMO Network Blue</u>	\$ 8,829.24 Family		\$339.59	\$420.44
	\$ 3,410.16 Single		\$131.16	\$162.39
<u>HMO Network Blue Select</u>	\$ 7,946.40 Family		\$305.63	\$378.40
	\$ 3,069.12 Single		\$118.04	\$146.15
<u>Low Plan</u>				
<u>Blue Cross Blue Shield Dental</u>	\$ 1,287.36 Family		\$49.51	\$61.30
	\$ 556.92 Single		\$21.42	\$26.52
<u>High Plan</u>				
	\$ 1,782.72 Family		\$68.57	\$84.89
	\$ 781.32 Single		\$30.05	\$37.21
<u>Blue 20/20 Vision</u>	\$ 95.76 Individual		\$3.68	\$4.56
	\$ 162.96 EE + 1 Spouse		\$6.27	\$7.76
	\$ 167.64 EE + 1 or more Dependents		\$6.45	\$7.99
	\$ 263.40 Family		\$10.13	\$12.55
<u>Boston Mutual Basic Life</u>	\$ 12.72		\$0.49	\$0.61

Cafeteria Plan Advisors FlexChoice

			<u>Admin Fee</u>
Flexible Spending Acct	\$3,300.00	Annual limit	Town will Pay
Dependent Care Acct	\$5,000.00	Annual limit	Town will Pay

****Debit Card will be issued to everyone at no additional cost to employee. Town will pick up the cost.

****Aides, Paraprofessionals and Food Service employees; as well as teachers who elect to be paid 21 times a year, will have their deductions taken 21 times per year.

**** All other employees paid 26 times a year will have their deductions taken 26 times a year

***** All new enrollees will have double deductions taken out for the first month.
This is due to the fact that we pay one month in advance for all benefits.