

INSURANCE RATES FOR 2026 - 2027 EFFECTIVE FOR JULY 1, 2026 COVERAGE

	<u>Annual (Employee Amount)</u>		<u>26 Payments</u>	<u>21 Payments</u>
<u>PPO Blue Care Elect</u>	\$ 17,647.92	Family	\$678.77	\$840.38
	\$ 6,815.52	Single	\$262.13	\$324.55
<u>HMO Network Blue</u>	\$ 9,525.00	Family	\$366.34	\$453.58
	\$ 3,678.84	Single	\$141.50	\$175.19
<u>HMO Network Blue Select</u>	\$ 8,572.56	Family	\$329.72	\$408.22
	\$ 3,310.92	Single	\$127.34	\$157.67
<u>Blue Cross Blue Shield Dental</u>	<u>Low Plan</u>			
	\$ 1,303.44	Family	\$50.13	\$62.07
	\$ 563.88	Single	\$21.69	\$26.86
	<u>High Plan</u>			
	\$ 1,805.04	Family	\$69.42	\$85.96
	\$ 791.04	Single	\$30.42	\$37.67
<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

Cafeteria Plan Advisors FlexChoice

		<u>Admin Fee</u>
Flexible Spending Acct	\$3,400.00 Annual limit	Town will Pay
Dependent Care Acct	\$7,500.00 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.