

ACTIVE EMPLOYEE PLAN RATES effective 7/1/25				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	\$ 437.70	2408	\$ 534.45	\$ 875.40	\$ 1,068.90	\$ 2,918.00	\$ 3,563.00
			Individual	2401	\$ 174.60	2408	\$ 213.60	\$ 349.20	\$ 427.20	\$ 1,164.00	\$ 1,424.00
			Parent/Child	2401	\$ 350.70	2408	\$ 427.80	\$ 701.40	\$ 855.60	\$ 2,338.00	\$ 2,852.00
BCBS HMO	00-2360788	00-4054979	Family	2401	\$ 359.85	2408	\$ 438.30	\$ 719.70	\$ 876.60	\$ 2,399.00	\$ 2,922.00
			Individual	2401	\$ 134.10	2408	\$ 163.35	\$ 268.20	\$ 326.70	\$ 894.00	\$ 1,089.00
			Parent/Child	2401	\$ 270.90	2408	\$ 329.40	\$ 541.80	\$ 658.80	\$ 1,806.00	\$ 2,196.00
HPHC PPO	18984-0003	028865-0000	Family	2402	\$ 368.25	2409	\$ 466.35	\$ 736.50	\$ 932.70	\$ 2,455.00	\$ 3,109.00
			Individual	2402	\$ 137.10	2409	\$ 176.40	\$ 274.20	\$ 352.80	\$ 914.00	\$ 1,176.00
			Parent/Child	2402	\$ 277.35	2409	\$ 352.35	\$ 554.70	\$ 704.70	\$ 1,849.00	\$ 2,349.00
HPHC HMO	18983-0003	033301-0000	Family	2402	\$ 334.50	2409	\$ 429.75	\$ 669.00	\$ 859.50	\$ 2,230.00	\$ 2,865.00
			Individual	2402	\$ 124.35	2409	\$ 160.50	\$ 248.70	\$ 321.00	\$ 829.00	\$ 1,070.00
			Parent/Child	2402	\$ 252.15	2409	\$ 321.30	\$ 504.30	\$ 642.60	\$ 1,681.00	\$ 2,142.00

MEDICARE PLAN RATES effective 1/1/25		Type of Coverage	Type of Plan	Retiree Contribution MONTHLY @ 50%	Survivor Contribution MONTHLY @ 100%
Tufts Medicare Preferred HMO	1267	Individual	Medicare Advantage Plan	\$ 201.50	\$ 403.00
BCBS Medex 2 + Blue Medicare Rx	50-0180390	Individual	Freedom to Choose Plan	\$ 227.50	\$ 455.00
BCBS Medicare HMO Blue	00-4043308	Individual	Medicare Advantage Plan	\$ 261.80	\$ 523.60
BCBS Managed Blue + Blue Medicare Rx	4035705	Individual	HMO Medigap Plan	\$ 230.25	\$ 460.50
HPHC Medicare Enhance + Aetna Rx by Silverscript	39000-0000	Individual	Freedom to Choose Plan	\$ 220.00	\$ 440.00

DENTAL PLAN RATES effective 7/1/25			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