

Fiscal Year 2027 Rates
Coverage Effective 07/01/2026 through 06/30/2027

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 3, 2026

	Monthly Rate		Employee and Employer Share			
	Individual	Family	Individual Share	Town Share	Family Share	Town Share
	903	2253				
Health New England	Bi-weekly Deduction		\$135.45	\$316.05	\$337.95	\$788.55
	10 Month Bi-Weekly Overage*		\$27.09	\$63.21	\$67.59	\$157.71
	Eligible Retirees - Monthly		\$270.90	\$632.10	\$675.90	\$1,577.10
	COBRA Monthly		\$921.06	\$0.00	\$2,298.06	\$0.00

	Monthly Rate		Employee and Employer Share			
	Individual	Family	Individual Share	Town Share	Family Share	Town Share
	1047	2600				
Network Blue New England	Bi-weekly Deduction		\$157.05	\$366.45	\$390.00	\$910.00
	10 Month Bi-Weekly Overage*		\$31.41	\$73.29	\$78.00	\$182.00
	Eligible Retirees - Monthly		\$314.10	\$732.90	\$780.00	\$1,820.00
	COBRA Monthly		\$1,067.94	\$0.00	\$2,652.00	\$0.00

	Monthly Rate		Employee and Employer Share			
	Individual	Family	Individual Share	Town Share	Family Share	Town Share
	1824	3961				
Blue Care Elect PPO	Bi-weekly Deduction		\$456.00	\$456.00	\$990.25	\$990.25
	10 Month Bi-Weekly Overage*		\$91.20	\$91.20	\$198.05	\$198.05
	Eligible Retirees - Monthly		\$912.00	\$912.00	\$1,980.50	\$1,980.50
	COBRA Monthly		\$1,860.48	\$0.00	\$4,040.22	\$0.00

	Monthly Rate		Employee and Employer Share			
	Individual	Family	Individual Share	Town Share	Family Share	Town Share
	1024	2553				
HPHC/TUFTS Health Plan	Bi-weekly Deduction		\$153.60	\$358.40	\$382.95	\$893.55
	10 Month Bi-Weekly Overage*		\$30.72	\$71.68	\$76.59	\$178.71
	Eligible Retirees - Monthly		\$307.20	\$716.80	\$765.90	\$1,787.10
	COBRA Monthly		\$1,044.48	\$0.00	\$2,604.06	\$0.00

	Monthly Rate				Employee and Employer Share			
	Individual	Family	Plus Spouse	Plus Child(ren)	Individual	Family	Plus Spouse	Plus Child(ren)
	49.53	145.76	97.62	97.72				
Altus Dental	Bi-weekly Deduction		\$24.77	\$72.88	\$48.81	\$48.86		
	10 Month Bi-Weekly Overage*		\$4.95	\$14.58	\$9.76	\$9.77		
	COBRA Monthly		\$50.52	\$148.68	\$99.57	\$99.67		
	Retiree Dental Plan**		\$52.47	\$183.61	\$104.93	N/A		

	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				
Altus Vision	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

	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

Boston Mutual