

FY 2027

School Employee Contributions

All rates effective July 1, 2026

Medical/Rx

	Blue Care Elect PPO		Network Blue New England Employees hired prior to 7/1/2017		Network Blue New England Employees hired after 7/1/2017	
	Bi-Weekly 26/24	Bi-Weekly 21	Bi-Weekly 26/24	Bi-Weekly 21	Bi-Weekly 26/24	Bi-Weekly 21
Family	\$640.52	\$732.03	\$349.82	\$399.79	\$454.32	\$519.22
Individual	\$239.00	\$273.14	\$106.17	\$121.34	\$168.53	\$192.60

Dental Blue

	Bi-Weekly 26/24	Bi-Weekly 21
Family	\$57.88	\$66.15
Individual	\$19.92	\$22.77

Dental Blue Orthodontic

	Bi-Weekly 26/24	Bi-Weekly 21
Family	\$64.74	\$73.99
Individual	\$22.28	\$25.46

Vision

	Bi-Weekly 26/24	Bi-Weekly 21
Family	\$13.95	\$15.94
Individual	\$5.08	\$5.80
Employee + Spouse	\$8.63	\$9.86
Employee + Children	\$8.88	\$10.15

Basic Life and AD&D

	Monthly Rate per \$5,000
Basic Life/AD&D	\$2.92

Supplemental Life and AD&D

Coverage	Age Bands	Monthly Rate Per \$1,000
Optional Supplemental Life and AD&D* Employee and spouse	Under 35	\$0.11
	35-39	\$0.14
	40-44	\$0.21
	45-49	\$0.32
	50-54	\$0.50
	55-59	\$0.82
	60-64	\$1.18
	65-69	\$1.96
	70-74	\$3.47
	Over 75	\$5.96

Optional Supplemental Life
Dependent Child(ren)

\$0.95 per \$5,000
(covers all dependent
children)

* The cost for supplemental employee and spouse life and AD&D is based off the age of you and your spouse when electing coverage (issue age pricing). Supplemental life and AD&D must be purchased in increments of \$10,000

