

FY 2027

Town 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
	Weekly	Weekly	Weekly
Family	\$320.26	\$174.91	\$227.16
Individual	\$119.50	\$53.09	\$84.26

Dental Blue

	Weekly
Family	\$28.94
Individual	\$9.96

Dental Blue Orthodontic

	Weekly
Family	\$32.37
Individual	\$11.14

Vision

	Weekly
Family	\$6.98
Individual	\$2.54
Employee + Spouse	\$4.31
Employee + Children	\$4.44

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/or your spouse when electing coverage (issue age pricing). Supplemental life and AD&D must be purchased in increments of \$10,000.

