



Town of Westford
Westford Public Schools
HEALTH INSURANCE &
VOLUNTARY BENEFIT PREMIUMS
11/1/2025 – 10/31/2026

(Health Insurance 7% Increase & Dental Insurance 5% Increase)

BLUE CROSS BLUE SHIELD of Massachusetts (BCBS)			
PPO Employer share of premium - 60%	Total Monthly Premium	Town Monthly Share of Premium	Employee Monthly Share of Premium
HMO Employer Share of Premium - 65%			
PPO: Blue Care Elect Enhanced Value			
Individual	\$1,434.11	\$860.47	\$573.64
Family	\$3,761.66	\$2,257.00	\$1,504.66
HMO NE Blue - Premium Plan - Network Blue NE Enhanced Value			
Individual	\$1,325.27	\$861.43	\$463.84
Family	\$3,476.19	\$2,259.52	\$1,216.67
HMO NE Blue - Value Plan - Network Blue NE Enhanced Value			
Individual	\$1,267.98	\$824.19	\$443.79
Family	\$3,325.92	\$2,161.85	\$1,164.07
Access Blue N.E. Saver - ACA Minimum Credible Coverage Plan			
\$3,000/\$6,000 Deductible			
Individual	\$879.84	\$571.90	\$307.94
Family	\$2,373.11	\$1,542.52	\$830.59
ACA Minimum Credible Coverage Plan <u>Only</u> - If you earn under \$26.26/hour your premium deduction is based on your income (Single Plan). If you would like more information about this ACA Minimum Credible Coverage Plan, please contact Human Resources at 978-399-2915.			

ALL RATES ARE MONTHLY

Medicare Supplemental Plans			
Employer share of premium - 60%			Per Month
Rates Effective 1/1/2025 - 12/31/2025 - Individual Plans			Retiree Share
Medex 2 with PDP	\$438.52	\$263.11	\$175.41
Medicare PPO Blue Freedom Rx - Closed Group	\$366.00	\$219.60	\$146.40
*New Rates Effective 1/1/2026 - Individual Plans			Retiree Share
Medex 2 with PDP - 14.5% Increase	\$502.25	\$301.35	\$200.90
Closed Group - Medicare PPO - No longer being offered to new subscribers			
Medicare PPO Blue Freedom Rx - 20.8% Increase	\$530.25	\$318.15	\$212.10
Dental - MetLife - 5% Increase		High Option	Low Option
Employee		\$66.02	\$44.40
Employee + 1 dependent (2-person)		\$133.31	\$94.62
Employee + 2 or more dependents (family)		\$189.99	\$132.37
Vision - MetLife VSP Vision Plan - 0% Increase			
Employee only (single)			\$8.81
Employee + 1 dependent (2-person)			\$20.61
Employee + two or more dependents (family)			\$26.24

Voluntary Town Life Insurance - \$10K		
50% Employee/50% Retiree Share 0% increase		
Active	\$10,000.00	\$1.13
Active 65+	\$6,700.00	\$1.13
Active 70+	\$5,500.00	\$1.13
Retiree	\$1,500.00	\$1.20

MetLaw - New	
Rate	\$18.00
Covers spouse and dependents	

Aura Identity Protection (MetLife) - New	
Protection Employee	\$7.95
Protection Family	\$12.95

Accident Insurance - 0% Increase	
Single	\$10.16
Single plus Spouse	\$14.72
Single plus children	\$18.01
Family	\$27.54

The above premiums are monthly.

The Town does not contribute to voluntary dental, vision, LTD, STD, life, accident insurance, MetLaw, or Aura Identity Protection.

The Town does contribute 50% of the premium to the active town life insurance (\$10K).

All plans are only available to benefit eligible active employees.