

Retiree Health Insurance Plan Rates 7/1/25-6/30/26

High Deductible Plans (\$2,000/\$4,000 deductible)

Plan	Coverage Level	Total Monthly Premium	Retiree Monthly
Blue Cross Blue Shield	Individual	\$923.00	\$203.06
	Family	\$2,487.00	\$547.14
Blue Cross Blue Shield Limited Network	Individual	\$860.00	\$189.20
	Family	\$2,319.00	\$510.18
Harvard Pilgrim	Individual	\$1,134.00	\$453.60
	Family	\$2,960.00	\$1,184.00

Benchmark Plans (\$300/\$900 deductible)

Plan	Coverage Level	Total Monthly Premium	Retiree Monthly
Blue Cross Blue Shield	Individual	\$1,095.00	\$240.90
	Family	\$2,949.00	\$648.78
Blue Cross Blue Shield Limited Network	Individual	\$1,020.00	\$224.40
	Family	\$2,744.00	\$603.68
Harvard Pilgrim	Individual	\$1,422.00	\$568.80
	Family	\$3,707.00	\$1,482.80

PPO

Plan	Coverage Level	Total Monthly Premium	Retiree Monthly
Harvard Pilgrim PPO	Individual	\$3,531.00	\$1,765.50
	Family	\$7,841.00	\$3,920.50

Surviving Spouse Health Insurance Plan Rates 7/1/25-6/30/26

High Deductible Plans (\$2,000/\$4,000 deductible)

Plan	Coverage Level	Total Monthly Premium	Surviving Spouse Monthly
Blue Cross Blue Shield	Individual	\$923.00	\$461.50
	Family	\$2,487.00	\$1,243.50
Blue Cross Blue Shield Limited Network	Individual	\$860.00	\$430.00
	Family	\$2,319.00	\$1,159.50
Harvard Pilgrim	Individual	\$1,134.00	\$567.00
	Family	\$2,960.00	\$1,480.00

Benchmark Plans (\$300/\$900 deductible)

Plan	Coverage Level	Total Monthly Premium	Surviving Spouse Monthly
Blue Cross Blue Shield	Individual	\$1,095.00	\$547.50
	Family	\$2,949.00	\$1,474.50
Blue Cross Blue Shield Limited Network*	Individual	\$1,020.00	\$510.00
	Family	\$2,744.00	\$1,372.00
Harvard Pilgrim	Individual	\$1,422.00	\$711.00
	Family	\$3,707.00	\$1,853.50

PPO

Plan	Coverage Level	Total Monthly Premium	Surviving Spouse Monthly
Harvard Pilgrim PPO	Individual	\$3,531.00	\$1,765.50
	Family	\$7,841.00	\$3,920.50