TOWN OF MEDWAY
COMMONWEALTH OF MASSACHUSETTS

ACTIVE EMPLOYEE **HMO** RATES
Effective July 1, 2026

Employee Rates

		25%	30%
Network Blue Deductible - HMO			
HMO Network Blue Deductible	Individual	$ 131.13	$ 157.35
(24 Pay Periods)	Individual +1	$ 264.75	$ 317.40
	Family	$ 343.50	$ 412.20
HMO Network Blue Deductible	Individual	$ 149.86	$ 179.83
(21 pay Periods)	Individual +1	$ 302.57	$ 363.09
	Family	$ 392.57	$ 471.09
HMO Network Blue Deductible	Individual	$ 165.63	$ 198.76
(19 Pay Periods)	Individual +1	$ 334.42	$ 401.31
	Family	$ 433.89	$ 520.67
Access Blue Saver – HMO w/HSA			
HMO Access Blue Saver	Individual	$ 101.88	$ 122.25
(24 Pay Periods)	Individual +1	$ 205.63	$ 246.75
	Family	$ 281.63	$ 337.95
HMO Access Blue Saver	Individual	$ 116.43	$ 139.71
(21 Pay Periods)	Individual +1	$ 235.00	$ 282.00
	Family	$ 321.86	$ 386.23
HMO Access Blue Saver	Individual	$ 128.68	$ 154.42
(19 Pay Periods)	Individual +1	$ 259.74	$ 311.68
	Family	$ 355.74	$ 426.88
Access Blue Saver II – HMO w/HSA			
HMO Access Blue Saver II	Individual	$ 89.13	$ 106.95
(24 Pay Periods)	Individual +1	$ 180.00	$ 216.00
	Family	$ 244.75	$ 293.70
HMO Access Blue Saver II	Individual	$ 101.86	$ 122.23
(21 Pay Periods)	Individual +1	$ 205.71	$ 246.86
	Family	$ 279.71	$ 335.66
HMO Access Blue Saver II	Individual	$ 112.58	$ 135.09
(19 Pay Periods)	Individual +1	$ 227.37	$ 272.84
	Family	$ 309.16	$ 370.99

TOWN OF MEDWAY
COMMONWEALTH OF MASSACHUSETTS

ACTIVE EMPLOYEE **PPO** RATES
Effective July 1, 2026

Employee Rates

Blue Care Elect Deductible - PPO			
			40%
Blue Care Elect PPO Ded	Individual	$	361.40
(24 Pay Periods)	Individual +1	$	729.60
	Family	$	899.20
Blue Care Elect PPO Ded	Individual	$	413.03
(21 pay Periods)	Individual +1	$	833.83
	Family	$	1,027.66
Blue Care Elect PPO Ded	Individual	$	456.51
(19 Pay Periods)	Individual +1	$	921.60
	Family	$	1,135.83
Blue Care Elect Saver – PPO w/HSA			
Blue Care Elect PPO Saver	Individual	$	274.20
(24 Pay Periods)	Individual +1	$	553.60
	Family	$	679.00
Blue Care Elect PPO Saver	Individual	$	313.37
(21 Pay Periods)	Individual +1	$	632.69
	Family	$	776.00
Blue Care Elect PPO Saver	Individual	$	346.36
(19 Pay Periods)	Individual +1	$	699.28
	Family	$	857.68

TOWN OF MEDWAY
COMMONWEALTH OF MASSACHUSETTS

RETIREE (UNDER 65) RATES
Effective July 1, 2026

Network Blue Ded - HMO	Individual	$ 524.50
	Individual +1	$ 1,059.00
	Family	$ 1,374.00
Access Blue Saver - HMO with HSA	Individual	$ 407.50
	Individual +1	$ 822.50
	Family	$ 1,126.50
Access Blue Saver II - HMO with HSA	Individual	$ 356.50
	Individual +1	$ 720.00
	Family	$ 979.00
Blue Care Elect Deductible - PPO	Individual	$ 903.50
	Individual +1	$ 1,824.00
	Family	$ 2,248.00
Blue Care Elect Saver - PPO with HAS	Individual	$ 685.50
	Individual +1	$ 1,384.00
	Family	$ 1,697.50
Altus Dental	Individual	$ 39.47
	Individual +1	$ 83.66
	Family	$ 123.13
Altus Vision	Individual	$ 5.00
	Individual & Spouse	$ 10.00
	Individual & Child(ren)	$ 10.50
	Family	$ 14.50