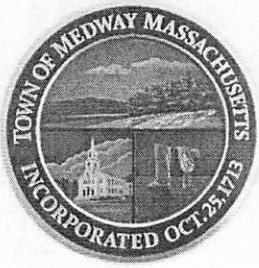


TOWN OF MEDWAY
COMMONWEALTH OF MASSACHUSETTS

ACTIVE EMPLOYEE HMO RATES
Effective July 1, 2026

Employee Rates

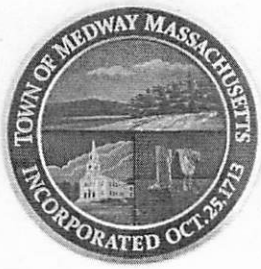
Network Blue Deductible - HMO			
		25%	30%
HMO Network Blue Deductible <i>(24 Pay Periods)</i>	Individual	\$ 131.13	\$ 157.35
	Individual +1	\$ 264.75	\$ 317.70
	Family	\$ 343.50	\$ 412.20
HMO Network Blue Deductible <i>(21 pay Periods)</i>	Individual	\$ 149.86	\$ 179.83
	Individual +1	\$ 302.57	\$ 363.09
	Family	\$ 392.57	\$ 471.09
HMO Network Blue Deductible <i>(19 Pay Periods)</i>	Individual	\$ 165.63	\$ 198.76
	Individual +1	\$ 334.42	\$ 401.31
	Family	\$ 433.89	\$ 520.67
Access Blue Saver – HMO w/HSA			
HMO Access Blue Saver <i>(24 Pay Periods)</i>	Individual	\$ 101.88	\$ 122.25
	Individual +1	\$ 205.63	\$ 246.75
	Family	\$ 281.63	\$ 337.95
HMO Access Blue Saver <i>(21 Pay Periods)</i>	Individual	\$ 116.43	\$ 139.71
	Individual +1	\$ 235.00	\$ 282.00
	Family	\$ 321.86	\$ 386.23
HMO Access Blue Saver <i>(19 Pay Periods)</i>	Individual	\$ 128.68	\$ 154.42
	Individual +1	\$ 259.74	\$ 311.68
	Family	\$ 355.74	\$ 426.88
Access Blue Saver II – HMO w/HSA			
HMO Access Blue Saver II <i>(24 Pay Periods)</i>	Individual	\$ 89.13	\$ 106.95
	Individual +1	\$ 180.00	\$ 216.00
	Family	\$ 244.75	\$ 293.70
HMO Access Blue Saver II <i>(21 Pay Periods)</i>	Individual	\$ 101.86	\$ 122.23
	Individual +1	\$ 205.71	\$ 246.86
	Family	\$ 279.71	\$ 335.66
HMO Access Blue Saver II <i>(19 Pay Periods)</i>	Individual	\$ 112.58	\$ 135.09
	Individual +1	\$ 227.37	\$ 272.84
	Family	\$ 309.16	\$ 370.99



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 HSA	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



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