

TOWN OF CHELMSFORD HEALTH INSURANCE RATES

JULY 1, 2025 - JUNE 30, 2026

Health Insurance - Active Employees

HMO Plans		Monthly Rate	Town Share 75%	Employee Share 25% Per month	Bi-weekly Deduction
HMO Blue Select	Individual	\$1,023.03	\$767.27	\$255.76	\$118.04
HMO Blue Select	Family	\$2,648.80	\$1,986.60	\$662.20	\$305.63
HMO Network Blue NE	Individual	\$1,136.72	\$852.54	\$284.18	\$131.16
HMO Network Blue NE	Family	\$2,943.07	\$2,207.30	\$735.77	\$339.59
PPO Plans		Monthly Rate	Town Share 63%	Employee Share 37% Per month	Bi-weekly Deduction
PPO Blue Care Elect	Individual	\$1,422.90	\$896.43	\$526.47	\$242.99
PPO Blue Care Elect	Family	\$3,684.42	\$2,321.18	\$1,363.24	\$629.19

Dental Insurance - 100% Employee & Retiree Paid

Dental Blue Freedom		Bi-Weekly	Monthly
High Option	Individual	\$30.05	\$65.11
High Option	Family	\$68.57	\$148.56
Low Option	Individual	\$21.42	\$46.41
Low Option	Family	\$49.51	\$107.28

Vision Insurance - 100% Employee & Retiree Paid

Blue 20/20		Bi-Weekly	Monthly
Employee		\$3.68	\$7.98
Employee + Spouse		\$6.27	\$13.58
Employee + Children		\$6.45	\$13.97
Family		\$10.13	\$21.95

The Standard Insurance

60% Town 40%Employee / Retiree		Rate	Town	Employee / Retiree
The Standard Insurance	Active	\$3.20	\$1.92	\$1.28
The Standard Insurance	Retirees	\$0.28	\$0.17	\$0.11

CAFETERIA PLAN ADVISORS - Flex Spending Otpional

Flexible Spending Account	\$3,300 annual limit	Admin Fee	\$4.50/month covered by Town
Dependent Care Account	\$5,000 annual limit	Debit Card	\$12.00/year covered by Town

Retirees - Health Insurance 60% Town 40% Retiree

HMO Plans		Monthly Rate	Monthly Town Share	Monthly Retiree Share
HMO Blue Select	Individual	\$1,023.03	\$613.82	\$409.21
HMO Blue Select	Family	\$2,648.80	\$1,589.28	\$1,059.52
HMO Network Blue NE	Individual	\$1,136.72	\$682.03	\$454.69
HMO Network Blue NE	Family	\$2,943.07	\$1,765.84	\$1,177.23
PPO Plans				
PPO Blue Care Elect	Individual	\$1,422.90	\$853.74	\$569.16
PPO Blue Care Elect	Family	\$3,684.42	\$2,210.65	\$1473.77

Supplemental Plans - Rates for 01/01/26 - 12/31/26

Medex 2 W/ Blue Medicare Rx	\$467.38	\$280.43	\$186.95
Medicare PPO Blue W/Freedom Rx	\$530.25	\$318.15	\$212.10

LIS RATES*

Medex 2 LIS Credit*	\$438.38	\$263.03	\$175.35
Medicare PPO Blue LIS Credit*	\$495.55	\$297.33	\$198.22

*Low-income Subsidy - CMS.gov