School Employees
Health Insurance Rates
7/1/2025 thru 6/30/2026

Health Insurance Plan		7/1/2025 Renewal Monthly Rates		7/1/2025 District/Town Monthly Share		7/1/2025 Employee Monthly Share	Payroll Deduction 21 Paychecks	Payroll Deduction 26 Paychecks
HPHC MA HMO	Ind	1,164.29	**75%**	873.22	**25%**	291.07	166.33	134.34
	Fam	3,027.17	**75%**	2,270.38	**25%**	756.79	432.45	349.29
HPHC MA FOCUS	Ind	1,030.06	**75%**	772.55	**25%**	257.52	147.15	118.85
	Fam	2,678.12	**75%**	2,008.59	**25%**	669.53	382.59	309.01
HPHC PPO	Ind	1,397.15	**50%**	698.58	**50%**	698.57	399.18	322.41
	Fam	3,632.59	**50%**	1,816.30	**50%**	1,816.29	1037.88	838.29
Delta Dental	Ind	40.00	**0%**	-	**100%**	40.00	22.86	18.46
(Regional and Northborough)	Fam	99.00	**0%**	-	**100%**	99.00	56.57	45.69
Blue Cross Blue Shield Dental	Ind	39.35	**50%**	19.68	**50%**	19.68	11.24	9.08
(Southborough)	Fam	117.17	**50%**	58.59	**50%**	58.59	33.48	27.04