HAMILTON-WENHAM REGIONAL SCHOOL DISTRICT

Insurance Rates
July 1, 2026 - December 31, 2026

Plan Name	Plan Type	Full Cost Per Month	Employee to District Split Employee	District
1/1/2026 - 12/31/2026			**40%**	**60%**
HP - Medicare	Medical	$ 246.94	$ 98.78	$ 148.16
	Rx	$ 254.47	$ 101.79	$ 152.68
		$ 501.41	$ 200.57	$ 300.84
7/1/26 - 6/30/27			**35%**	**65%**
HP - PPO	Individual	$ 1,913.46	$ 669.71	$ 1,243.75
	Individual + One	$ 3,863.27	$ 1,352.14	$ 2,511.13
	Family	$ 5,549.78	$ 1,942.42	$ 3,607.36
HP - POS	Individual	$ 1,595.99	$ 558.60	$ 1,037.39
	Individual + One	$ 3,222.32	$ 1,127.81	$ 2,094.51
	Family	$ 4,488.28	$ 1,570.90	$ 2,917.38
HP - HMO	Individual	$ 1,225.64	$ 428.97	$ 796.67
	Individual + One	$ 2,474.69	$ 866.14	$ 1,608.55
	Family	$ 3,524.43	$ 1,233.55	$ 2,290.88
7/1/26 - 6/30/27			**40%**	**60%**
Boston Mutual Life Insuance ($20K Active Employee)		$ 5.20	$ 2.08	$ 3.12
Boston Mutual Life Insuance ($2K Retired Employee)		$ 0.48	$ 0.19	$ 0.29
7/1/26 - 6/30/27			**100%**	**0%**
BCBS - Dental	Individual	$ 51.26	$ 51.26	$ -
	Individual + One	$ 106.56	$ 106.56	$ -
	Family	$ 184.11	$ 184.11	$ -
VSP Standard- Vision	Member Only	$ 6.81	$ 6.81	$ -
	Member + One	$ 10.90	$ 10.90	$ -
	Member + Children	$ 11.12	$ 11.12	$ -
	Member + Family	$ 17.94	$ 17.94	$ -
VSP Premium- Vision	Member Only	$ 12.28	$ 12.28	$ -
	Member + One	$ 19.65	$ 19.65	$ -
	Member + Children	$ 20.06	$ 20.06	$ -
	Member + Family	$ 32.34	$ 32.34	$ -