Town of Westford
Westford Public Schools
HEALTH INSURANCE & VOLUNTARY BENEFIT PREMIUMS
11/1/2026 – 10/31/2027

(Health Insurance 5.8% Increase & Dental Insurance 8% Increase)

BLUE CROSS BLUE SHIELD *of Massachusetts* (BCBS)			
PPO Employer share of premium - 60% **HMO Employer Share of Premium - 65%**	Total Monthly Premium	Town Monthly Share of Premium	**Employee Monthly Share of Premium**
PPO: Blue Care Elect Enhanced Value			
Individual	$1,517.29	$910.37	**$606.92**
Family	$3,979.84	$2,387.90	**$1,591.94**
HMO NE Blue - Premium Plan - Network Blue NE Enhanced Value			
Individual	$1,402.14	$911.39	**$490.75**
Family	$3,677.81	$2,390.58	**$1,287.23**
HMO NE Blue - Value Plan - Network Blue NE Enhanced Value			
Individual	$1,341.52	$871.99	**$469.53**
Family	$3,518.82	$2,287.23	**$1,231.59**
Access Blue N.E. Saver - ACA Minimum Credible Coverage Plan $3,000/$6,000 Deductible			
Individual	$930.87	$605.07	**$325.80**
Family	$2,510.75	$1,631.99	**$878.76**
ACA Minimum Credible Coverage Plan Only - If you earn under $21.18/hour your premium deduction is based on your income (Single Plan). If you would like more information about this ACA Minimum Credible Coverage Plan, please contact Human Resources at 978-399-2915.			

Medicare Supplemental Plans			
Employer share of premium - 60%			Per Month
Rates Effective 1/1/2026 - 12/31/2026 - Individual Plans			Retiree Share
Medex 2 *with PDP*	$502.25	$301.35	**$200.90**
Medicare PPO Blue Freedom Rx - Closed Group	$530.25	$318.15	**$212.10**
***NEW RATES EFFECTIVE 1/1/2027** - Individual Plans			Retiree Share
Medex 2 *with PDP - 5.8% Increase*	$531.51	$318.91	**$212.60**
Closed Group - Medicare PPO - No longer being offered to new subscribers			
Medicare PPO Blue Freedom Rx - *6.8% Increase*	$566.33	$339.80	**$226.53**

Dental - MetLife - *8% Increase*	High Option	Low Option
Employee	**$71.30**	**$47.95**
Employee + 1 dependent (2-person)	**$143.97**	**$102.19**
Employee + 2 or more dependents (family)	**$205.19**	**$142.96**

Vision - MetLife VSP Vision Plan - *0% Increase*	
Employee only (single)	**$8.81**
Employee + 1 dependent (2-person)	**$20.61**
Employee + two or more dependents (family)	**$26.24**

ALL RATES ARE MONTHLY

Voluntary Town Life Insurance - $10K		
50% Employee/50% Retiree Share - 0% increase		
Active	$10,000.00	**$1.13**
Active 65+	$6,700.00	**$1.13**
Active 70+	$5,500.00	**$1.13**
Retiree	$1,500.00	**$1.20**

MetLaw - *0% Increase*	
Rate	**$18.00**
Covers spouse and dependents	

Aura Identity Protection (MetLife) - *0% Increase*	
Protection Employee	**$7.95**
Protection Family	**$12.95**

Accident Insurance - *0% Increase*	
Single	**$10.16**
Single plus Spouse	**$14.72**
Single plus children	**$18.01**
Family	**$27.54**

The above premiums are monthly.

The Town <u>does not</u> contribute to voluntary dental, vision, LTD, STD, life, accident insurance, MetLaw, or Aura Identity Protection.
The Town <u>does</u> contribute 50% of the premium to the active town life insurance ($10K).

All plans are only available to benefit eligible active employees.

Updated 9/30/2026