WACHUSETT REGIONAL SCHOOL DISTRICT
1745 MAIN STREET
JEFFERSON, MA 01522

Retirees with Medicare: MONTHLY INSURANCE RATES: 1/1/27-12/31/27

HEALTH INSURANCE - RETIREE WITH MEDICARE Rates effective January 1, 2027 - December 31, 2027		Full Cost Premium Per Month	District Share Per Month	Retiree Cost Per Month	
BCBS Medicare HMO Blue (HMO) *(Medicare Advantage Plan)*	Individual	688.24	536.83	**22%**	**151.41**
BCBS Managed Blue for Seniors & Blue MedicareRx(PDP) *(Medicare Supplement Plan)*	Individual	472.70	368.71	**22%**	**103.99**
BCBS Medex 2 & Blue MedicareRx (PDP) *(Medicare Supplement Plan)*	Individual	584.87	292.44	**50%**	**292.44**
Medicare Advantage and Medicare Supplement benefits and rates are subject to federal approval and may change on January 1, 2027.					

HEALTH INSURANCE - RETIREE WITHOUT MEDICARE		Full Cost Premium Per Month	District Share Per Month	Retiree Cost Per Month	
PFA GOLD **Access Blue New England Saver**	Individual	1,077.70	787.01	**27%**	**290.69**
	Family	2,855.89	2,085.56	**27%**	**770.33**
PFA SILVER **Access Blue New England Saver**	Individual	1,008.99	787.01	**22%**	**221.98**
	Family	2,673.80	2,085.56	**22%**	**588.24**
PFA BRONZE **Access Blue New England Saver**	Individual	945.55	737.53	**22%**	**208.02**
	Family	2,511.70	1,959.13	**22%**	**552.57**
Blue Care Elect PPO	Individual	1,362.66	681.33	**50%**	**681.33**
	Family	3,611.04	1,805.52	**50%**	**1,805.52**

DENTAL INSURANCE		Retiree Cost Per Month (100%)
BCBS Dental Blue Program 1 (low option)	Individual	**42.41**
$500 Maximum Annual Benefit Per Member Per Calendar Year	Family	**102.64**
BCBS Dental Blue Program 2 (high option)	Individual	**60.59**
$1500 Maximum Annual Benefit Per Member Per Calendar Year	Family	**146.62**

VISION PLAN - RETIREE WITHOUT MEDICARE		Retiree Cost Per Month (100%)
BCBS Blue 20/20 Vision Plan	Individual	**7.43**
	Individual + Spouse	**12.63**
	Individual + Child(ren)	**13.01**
	Family	**20.44**

Rate and Benefit Questions - Please Contact:
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