

**TOWN OF BRIDGEWATER  
HEALTH, DENTAL, AND VISION INSURANCE RATES  
JULY 1, 2026 - JUNE 30, 2027**

**HEALTH PLANS**

		Weekly Deduction 20% Contribution	Weekly Deduction 25% Contribution		
<b>BCBS HMO NE Benchmark</b>				<b>Total Cost of Plan/Month</b>	
<i>Plan # 4056642</i>	<b>Individual</b>	<b>\$53.30</b>	<b>\$66.62</b>		<b>\$1,066.00</b>
	<b>Family</b>	<b>\$141.85</b>	<b>\$177.31</b>		<b>\$2,837.00</b>
<b>HPHC HMO Choicenet Benchmark</b>				<b>Total Cost of Plan/Month</b>	
<i>Plan # 0287900043</i>	<b>Individual</b>	<b>\$59.25</b>	<b>\$73.81</b>		<b>\$1,181.00</b>
	<b>Family</b>	<b>\$156.95</b>	<b>\$196.18</b>		<b>\$3,139.00</b>
<b>BCBS Access Blue NE Saver HMO HSA</b>				<b>Total Cost of Plan/Month</b>	
<i>Plan #</i>	<b>Individual</b>	<b>\$45.30</b>	<b>\$56.62</b>		<b>\$906.00</b>
	<b>Family</b>	<b>\$120.85</b>	<b>\$151.06</b>		<b>\$2,417.00</b>
<b>HPHC Best Buy HSA HMO</b>				<b>Total Cost of Plan/Month</b>	
<i>Plan #</i>	<b>Individual</b>	<b>\$48.75</b>	<b>\$60.93</b>		<b>\$975.00</b>
	<b>Family</b>	<b>\$126.85</b>	<b>\$158.56</b>		<b>\$2,537.00</b>
<b>DENTAL - ALTUS DENTAL</b>		<b>Weekly Deduction</b>		<b>Total Cost of Plan/Month</b>	<b>Subscriber Contribution %</b>
<b>Dental Plus</b>	<b>Individual</b>	<b>\$13.71</b>		<b>54.85</b>	<b>100%</b>
<i>Plan # 6772-0001</i>	<b>Family</b>	<b>\$35.14</b>		<b>140.54</b>	<b>100%</b>
<b>VISION- ALTUS WITH VSP</b>		<b>Weekly Deduction</b>		<b>Total Cost of Plan/Month</b>	<b>Subscriber Contribution %</b>
<i>Plan # 6772-9001</i>	<b>Individual</b>	<b>\$1.63</b>		<b>6.50</b>	<b>100%</b>
	<b>Ind + Spouse</b>	<b>\$3.25</b>		<b>13.00</b>	<b>100%</b>
	<b>Ind + Children</b>	<b>\$3.41</b>		<b>13.65</b>	<b>100%</b>
	<b>Family</b>	<b>\$4.71</b>		<b>18.85</b>	<b>100%</b>