

**TOWN OF BRIDGEWATER
HEALTH, DENTAL, AND VISION INSURANCE RATES
JULY 1, 2025 - JUNE 30, 2026**

HEALTH PLANS

**Weekly Deduction
20% Contribution**

**Weekly Deduction
25% Contribution**

| | | |
|------------------------------|-------------------|-----------------|
| BCBS HMO NE Benchmark | | |
| <i>Plan # 4056642</i> | Individual | \$48.45 |
| | Family | \$128.95 |

Total Cost of Plan/Month

\$969.00

\$2,579.00

| | | |
|-------------------------------------|-------------------|-----------------|
| HPHC HMO Choicenet Benchmark | | |
| <i>Plan # 0287900043</i> | Individual | \$53.70 |
| | Family | \$142.70 |

Total Cost of Plan/Month

\$1,074.00

\$2,854.00

DENTAL - ALTUS DENTAL

Weekly Deduction

Total Cost of Plan/Month

**Subscriber
Contribution %**

| | | |
|-------------------------|-------------------|----------------|
| Dental Plus | Individual | \$13.71 |
| <i>Plan # 6772-0001</i> | Family | \$35.14 |

54.85

100%

140.54

100%

VISION- EYEMED

Weekly Deduction

Total Cost of Plan/Month

**Subscriber
Contribution %**

| | | |
|-----------------------|-----------------------|---------------|
| <i>Plan # 1016840</i> | Individual | \$1.67 |
| | Ind + Spouse | \$3.18 |
| | Ind + Children | \$3.35 |
| | Family | \$4.92 |

6.68

100%

12.70

100%

13.37

100%

19.68

100%