

TOWN OF SOUTHBOROUGH – INSURANCE BENEFITS
The Town of Southborough reserves the right to amend benefits at any time

**** Open Enrollment Dates: Medical Plan May 1st of Every Year (unless otherwise noted)**
Dental Plan May 1st of Every Year

Rates Effective 7/01/2025 FY26

Plan Name:	Total Premium	Employee Payroll Deduction			COBRA + 2%
		Monthly	21 Pay Deduction	24 Pay Deduction	
<u>HPHC HMO</u> (25.00 co-pay)					
Family	3,027.17	2,270.38	756.79	432.45	378.40
Individual	1,164.29	873.22	291.07	166.33	145.54
	(100%)	(75%)	(25%)		
<u>HPHC Focus</u> (25.00 co-pay)					
Family	2,678.12	2,008.59	669.53	382.59	334.77
Individual	1,030.06	772.55	257.51	147.15	128.76
	(100%)	(75%)	(25%)		
<u>HPHC PPQ</u> (25.00 co-pay)					
Family	3,632.59	1,816.30	1,816.30	1,037.89	908.15
Individual	1,397.15	698.58	698.57	399.19	349.29
	(100%)	(50%)	(50%)		

Rates Effective 1/01/2025 Senior Plans (Open Enrollment November 1st of every year)

<u>Aetna Advantage Plan</u>	
Individual	339.19
	254.39
(100%)	(75%)
	(25%)

Rates Effective 7/01/2025 FY26

Plan Name:	Total Premium	Employee Payroll Deduction			COBRA +2%
		Monthly	21 Pay Deduction	24 Pay Deduction	
<u>BC/BS Dental</u>					
Family	117.17	58.59	58.58	33.48	29.30
Individual	39.35	19.68	19.67	11.24	9.84
	(100%)	(50%)	(50%)		

Effective 7/01/2025 FY25 *Must Enroll for Coverage on Date of Hire*****

Life: Boston Mutual \$10,000 Policy	Monthly	Employee Payroll Deduction		COBRA +2%
		21 Pay Deduction	24 Pay Deduction	
3.90	1.95	1.95	1.12	.98
Retirees \$1,000 Policy		.21		