

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	Monthly	Employee Payroll Deduction 21 Pay Deduction	24 Pay Deduction	COBRA + 2%
<u>HPHC HMO</u> (25.00 co-pay)					
Family	3,027.17 2,270.38	756.79	432.45	378.40	3,087.71
Individual	1,164.29 873.22	291.07	166.33	145.54	1,187.58
	(100% 75%)	(25%)			
<u>HPHC Focus</u> (25.00 co-pay)					
Family	2,678.12 2,008.59	669.53	382.59	334.77	2,731.68
Individual	1,030.06 772.55	257.51	147.15	128.76	1,050.66
	(100% 75%)	(25%)			
<u>HPHC PPO</u> (25.00 co-pay)					
Family	3,632.59 1,816.30	1,816.30	1,037.89	908.15	3,705.24
Individual	1,397.15 698.58	698.57	399.19	349.29	1,425.09
	(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%)
	84.80
	(25%)

Rates Effective 7/01/2025 FY26

Plan Name:	Total Premium	Monthly	Employee Payroll Deduction 21 Pay Deduction	24 Pay Deduction	COBRA + 2%
<u>BC/BS Dental</u>					
Family	117.17 58.59	58.58	33.48	29.30	119.51
Individual	39.35 19.68	19.67	11.24	9.84	40.14
	(100% 50%)	(50%)			

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

<u>Life: Boston Mutual \$10,000 Policy</u>	Monthly	21 Pay Deduction	24 Pay Deduction
3.90 1.95	1.95	1.12	.98
<u>Retirees \$1,000 Policy</u>	.21		