

**City of Newton**  
**Weekly Employee Health, Dental & Vision Plan Rates**  
**FY 2026 July 1, 2025 - June 30, 2026**

| <i>Weekly BCBS Health Insurance Rates</i> |                       | Employees hired<br>Prior to 7/1/2011 |          | Employees hired<br>After 7/1/2011 |          |
|---|-----------------------|--------------------------------------|----------|-----------------------------------|----------|
| <i>Employee Contribution</i>              |                       | 20%                                  |          | 25%                               |          |
|   |                       | Individual                           | Family   | Individual                        | Family   |
| AFSCME 1703                               | Network Blue NE (HMO) | \$ 51.78                             | \$145.70 | \$ 64.72                          | \$182.13 |
| Engineers                                 | Blue Care Elect (PPO) | \$230.49                             | \$477.62 | \$243.43                          | \$514.05 |
| AFSCME 2443                               | Network Blue NE (HMO) | \$ 51.78                             | \$145.70 | \$ 64.72                          | \$182.13 |
| Foreman                                   | Blue Care Elect (PPO) | \$230.49                             | \$477.62 | \$243.43                          | \$514.05 |
| AFSCME 2913                               | Network Blue NE (HMO) | \$ 51.78                             | \$145.70 | \$ 64.72                          | \$182.13 |
| Parking Control                           | Blue Care Elect (PPO) | \$230.49                             | \$477.62 | \$243.43                          | \$514.05 |
| AFSCME 3092 & 3092B                       | Network Blue NE (HMO) | \$ 54.21                             | \$149.89 | \$ 64.72                          | \$182.13 |
| City Hall Associates                      | Blue Care Elect (PPO) | \$229.99                             | \$483.27 | \$243.43                          | \$514.05 |
| IAFF Local #863                           | Network Blue NE (HMO) | \$ 51.78                             | \$145.70 | \$ 64.72                          | \$182.13 |
| Firefighters                              | Blue Care Elect (PPO) | \$230.49                             | \$477.62 | \$243.43                          | \$514.05 |
| Massachusetts Nurses Assoc.               | Network Blue NE (HMO) | \$ 51.78                             | \$145.70 | \$ 64.72                          | \$182.13 |
|   | Blue Care Elect (PPO) | \$230.49                             | \$477.62 | \$243.43                          | \$514.05 |
| Newton Police Association                 | Network Blue NE (HMO) | \$ 51.78                             | \$145.70 | \$ 64.72                          | \$182.13 |
|   | Blue Care Elect (PPO) | \$230.49                             | \$477.62 | \$243.43                          | \$514.05 |
| Newton Superior Police Officers           | Network Blue NE (HMO) | \$ 51.78                             | \$145.70 | \$ 64.72                          | \$182.13 |
|   | Blue Care Elect (PPO) | \$230.49                             | \$477.62 | \$243.43                          | \$514.05 |
| Non-Union Employees *                     | Network Blue NE (HMO) | \$ 54.21                             | \$149.89 | \$ 64.72                          | \$182.13 |
|   | Blue Care Elect (PPO) | \$229.99                             | \$483.27 | \$243.43                          | \$514.05 |
| Teamsters Local 25                        | Network Blue NE (HMO) | \$ 51.78                             | \$145.70 | \$ 64.72                          | \$182.13 |
|   | Blue Care Elect (PPO) | \$230.49                             | \$477.62 | \$243.43                          | \$514.05 |

| <i>Weekly Dental Insurance Rates</i> |            |          |
|--------------------------------------|------------|----------|
|                                      | Individual | Family   |
| Dental Blue Freedom Basic Plan       | \$ 3.79    | \$ 9.43  |
| Dental Blue Freedom High Plan        | \$ 10.76   | \$ 26.74 |

| <i>Weekly Vision Insurance Rates</i>          |            |                        |                           |         |
|---|------------|------------------------|---------------------------|---------|
|   | Individual | Individual<br>& Spouse | Individual/<br>Child(ren) | Family  |
| Altus Vision (in partnership with VSP Vision) | \$ 1.90    | \$ 3.81                | \$ 4.00                   | \$ 5.52 |

\* Contribution change effective 12/1/2025. Non Union must be hired and enrolled prior to 7/1/2011 to be eligible for 20% contribution.