

**City of Newton**  
**City Councilors**  
**Health, Dental, Vision and Basic Life Plan Rates**  
**July 1, 2025 - June 30, 2026**

<i>Monthly Health Plan Rates</i>				
<i>Blue Cross Blue Shield</i>  <i>Councilor Contribution</i>	<b>City Councilors enrolled Prior to 7/1/2011 20%</b>		<b>City Councilors enrolled After to 7/1/2011 25%*</b>	
	Individual	Family	Individual	Family
<b>Network Blue NE (HMO)</b>	\$ 234.93	\$ 649.51	\$ 280.47	\$ 789.22
<b>Blue Care Elect (PPO)</b>	\$ 996.61	\$ 2,094.16	\$ 1,054.87	\$ 2,227.55

<i>Monthly Dental Plan Rates</i>		
<i>Dental Blue Freedom</i>		
	Individual	Family
<b>Basic Dental Plan</b>	\$ 16.44	\$ 40.85
<b>High Dental Plan</b>	\$ 46.64	\$ 115.88

<i>Monthly Vision Plan Rates</i>				
<i>Altus Vision</i>				
	Individual	Individual & Spouse	Individual & Child(ren)	Family
<b>Altus Vision</b>	\$ 8.25	\$ 16.50	\$ 17.33	\$ 23.93

<i>Monthly Basic Life Rates</i>	
<i>The Hartford</i>	
<b>\$5,000 Term Life Policy</b>	\$ 3.55

\*Contribution effective 12.1.2025