



**Non-Medicare Insurance Rates for Active Employees & Retirees**  
**(Rates begin June 2026 for July 1<sup>st</sup> Coverage)**

Plan Name	Coverage	52 Weeks	26 Weeks	22 Weeks	Monthly
Cigna Dental/Vision Plan- Base DPO4	Individual	1.63	3.27	3.86	7.08
	Family	4.11	8.22	9.72	17.82
<b>Dental Buy-Up DPOB</b> <i>*Supplemental paid by EE/RET</i>	Individual	2.88	5.76	6.81	12.49
	Family	7.23	14.47	17.10	31.35
Narrow Network Dental/Vision DHMO Q5100	Individual	1.51	3.02	3.57	6.54
	Family	3.80	7.59	8.97	16.45
Harvard Pilgrim Access America	Individual	87.19	174.38	206.09	377.83
	Family	194.64	389.27	460.05	843.42
Harvard Pilgrim Explorer	Individual	74.49	148.99	176.08	322.81
	Family	184.79	369.58	436.77	800.75
Harvard Pilgrim Quality	Individual	55.77	111.54	131.81	241.66
	Family	142.24	284.48	336.21	616.38
Health New England	Individual	52.05	104.10	123.03	225.66
	Family	125.20	250.40	295.93	542.54
Mass General Brigham Complete	Individual	71.22	142.44	168.33	308.61
	Family	189.09	378.17	446.93	819.37
Wellpoint Community Choice	Individual	52.14	104.28	123.23	225.93
	Family	130.17	260.33	307.66	564.05
Wellpoint Plus	Individual	66.99	133.97	158.33	290.27
	Family	160.28	320.56	378.85	694.55
Wellpoint Total Choice	Individual	105.43	210.85	249.19	456.85
	Family	234.57	469.14	554.44	1016.48

*Dental Buy-Up (DPOB) deductions are in addition to your Cigna Dental/Vision Base DPO4 Plan deductions.  
 The City does not contribute to the Buy-up portion of the plan.*



**Medicare Insurance Rates for Retirees**  
 (Rates begin June 2026 for July 1<sup>st</sup> Coverage)

Plan Name	Coverage	Monthly	Health + Dental
Cigna Dental/Vision Plan – Base DPO4	Individual	7.08	
	Family	17.82	
Dental Buy-Up DPOB	Individual	12.49	
	Family	31.35	
<i>*Supplemental paid by EE/RET</i>			
Narrow Network Dental/Vision DHMO Q5100	Individual	6.54	
	Family	16.45	
Wellpoint Medicare Extension	Individual	124.43	131.51
	Family	248.86	266.68
Health New England Medicare Supplement Plus	Individual	126.36	133.44
	Family	252.72	270.54
Harvard Pilgrim Medicare Enhance	Individual	125.88	132.96
	Family	251.75	269.57
Tufts Health Plan Medicare Preferred	Individual	101.70	108.78
	Family	203.41	221.23
<i>*Medicare Advantage Product</i>			

Dental Buy-Up (DPOB) deductions are in addition to your Cigna Dental/Vision Base DPO4 Plan deductions.  
 The City does not contribute to the Buy-up portion of the plan.