



MIIA HEALTH BENEFITS TRUST

HUDSON Massachusetts

07/01/2025 - 06/30/2026

MONTHLY CONTRIBUTION RATES

PRODUCTS for Active Employees FY2026

MONTHLY RATES

		HEALTH INSURANCE							
		Yearly		Monthly		Weekly		BiWeekly	
		Employer	Employee	Employer	Employee	Employer	Employee	Employer	Employee
Blue Care Elect \$300 Deductible with HCCS		Individual		\$1,493.44	\$17,921.28	\$ 821.39	\$ 672.05	\$ 189.55	\$ 155.09
		Family		\$3,841.22	\$46,094.64	\$2,112.67	\$1,728.55	\$ 487.54	\$ 398.90
		Yearly		Monthly		Weekly		BiWeekly	
		Employer		Employee		Employer		Employee	
Network Blue NE \$300 Deductible with		Individual		\$1,243.65	\$14,923.80	\$ 808.37	\$ 435.28	\$ 186.55	\$ 100.45
		Family		\$3,198.54	\$38,382.48	\$2,079.05	\$1,119.49	\$ 479.78	\$ 258.34
Network Blue Select \$300 Deductible		Individual		\$1,081.99	\$12,983.88	\$ 703.29	\$ 378.70	\$ 162.30	\$ 87.39
		Family		\$2,782.73	\$33,392.76	\$1,808.77	\$ 973.96	\$ 417.41	\$ 224.76
DENTAL INSURANCE									
		Yearly		Monthly		Weekly		BiWeekly	
Dental Blue Freedom HIGH- 100 %		Individual		\$42.98	\$ 515.76	\$ 42.98	\$ 9.92	\$ 19.84	
		Family		\$111.13	\$1,333.56	\$ 111.13	\$ 25.65	\$ 51.29	
Dental Blue Value LOW- 100% Employee		Individual		\$23.40	\$ 280.80	\$ 23.40	\$ 5.40	\$ 10.80	
		Family		\$59.94	\$ 719.28	\$ 59.94	\$ 13.83	\$ 27.66	
VISION INSURANCE									
		Yearly		Monthly		Weekly		BiWeekly	
Blue 20/20 Vision - 100 % Employee		Employee		\$4.98	\$ 59.80	\$ 4.98	\$ 1.15	\$ 2.30	
		Employee & Spouse		\$8.49	\$ 101.92	\$ 8.49	\$ 1.96	\$ 3.92	
		Employee & Children		\$8.71	\$ 104.52	\$ 8.71	\$ 2.01	\$ 4.02	
		Family		\$13.69	\$ 164.32	\$ 13.69	\$ 3.16	\$ 6.32	
LIFE INSURANCE									
		Yearly		Monthly				BiWeekly	
		Employer		Employee				Employer	
Life Insurance- Effective January 1, 2026		Individual		\$12.80	\$ 153.60	\$ 6.40	\$ 6.40	\$ 3.20	\$ 3.20
		50%		50%				50%	