



TOWN OF BELLINGHAM

Human Resources Department

10 Mechanic Street, Bellingham, MA 02019

TEL: (508) 966-2967

FAX: (508) 966-4303

M E M O R A N D U M

To: All Active Municipal Employees

From: Human Resources Department

Re: FY26 Health Insurance Rates

Date: April 17, 2025

Health insurance FY26 rate recommendations in consultation with Gallagher Benefits Services effective July 1, 2025 are as follows:

Plan (Employee Weekly Cost)	Individual Rate	Family Rate
Blue Cross Blue Shield Network N.E.	\$57.49	\$149.63
Harvard Pilgrim Health Care	\$57.49	\$149.63

COBRA (Employee Monthly Cost – 102%)	Individual Rate	Family Rate
Blue Cross Blue Shield Network N.E.	\$1,270.23	\$3,306.50
Harvard Pilgrim Health Care	\$1,270.23	\$3,306.50

Any changes to health insurance should be made between the open enrollment period of May 16 to June 16, 2025 by contacting or visiting the Human Resources Department at the Municipal Center, 10 Mechanic Street, first floor (rear entrance) or by calling 508-966-2967. Health insurance forms are attached. If you are not making any changes, you do not need to do anything further. Thank you.



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TEL: (508) 966-2967

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M E M O R A N D U M

To: All Active Bellingham Public Schools District Personnel

From: Human Resources Department

Re: FY26 Health Insurance Rates

Date: April 17, 2025

Health insurance FY26 rate recommendations in consultation with Gallagher Benefits Services effective July 1, 2025 are as follows:

Plan	Individual Rate Weekly (52 weeks)	Individual Rate Weekly (10 months)	Individual Rate Bi-Weekly (26 pay)	Individual Rate Bi-Weekly (21 pay)
Blue Cross Blue Shield Network N.E.	\$57.49	\$74.73	\$114.95	\$142.33
Harvard Pilgrim Health Care	\$57.49	\$74.73	\$114.95	\$142.33

Plan	Family Rate Weekly (52 weeks)	Family Rate Weekly (10 months)	Family Rate Bi-Weekly (26 pay)	Family Rate Bi-Weekly (21 pay)
Blue Cross Blue Shield Network N.E.	\$149.63	\$194.51	\$299.24	\$370.49
Harvard Pilgrim Health Care	\$149.63	\$194.51	\$299.24	\$370.49

COBRA (Employee Monthly Cost – 102%)	Individual Rate	Family Rate
Blue Cross Blue Shield Network N.E.	\$1,270.23	\$3,306.50
Harvard Pilgrim Health Care	\$1,270.23	\$3,306.50

Any changes to health insurance should be made between the open enrollment period of May 16 to June 16, 2025 by contacting or visiting the Human Resources Department at the Municipal Center, 10 Mechanic Street, first floor (rear entrance) or by calling 508-966-2967. Health insurance forms are attached. If you are not making any changes, you do not need to do anything further. Thank you.

Active School Personnel:

10 Month Weekly – Health insurance rate increase for July and August will be deducted in June.

21 Pay Bi-Weekly – Health insurance rate increases will be deducted from remaining payroll checks.

26 Pay Bi-Weekly – Health insurance rate increase will start with FY26 first payroll check in July.

Lump Sum Pays – Health insurance rate increase for July and August will be deducted in June as a lump sum payment.

In the event any health insurance premiums have not been paid, deductions will be taken in September.



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M E M O R A N D U M

To: All Active Employees

From: Human Resources Department

Re: FY26 Altus Dental Insurance Rates

Date: April 17, 2025

Altus Dental insurance rates for FY26 (July 1, 2025 – June 30, 2026) remain unchanged and are listed below as follows:

Individual Annual Cost \$546.48

Weekly (52 pay)	Weekly (10 month)	Bi- Weekly (26 Pay)	Bi-Weekly (21 Pay)
\$9.94	\$13.25	\$19.87	\$24.59

Family Annual Cost \$1,522.80

Weekly (52 pay)	Weekly (10 month)	Bi- Weekly (26 Pay)	Bi-Weekly (21 Pay)
\$29.29	\$39.05	\$58.57	\$72.51

COBRA – 102% of Premium

Individual Monthly	\$43.90
Family Monthly	129.44

This is a pre-tax deduction with 100% of the premium paid by the employee/retiree. Dependent children are covered on any family plan through the end of the month the dependent turns 26 years of age. Dependents must be listed on the plan in order to ensure coverage.

Any changes including cancellation of coverage should be made between the open enrollment period of May 16 to June 16, 2025 by contacting or visiting the Human Resources Department at the Municipal Center, 10 Mechanic Street, first floor (rear entrance) or by calling 508-966-2967. Dental enrollment forms are attached. If you are not making any changes, you do not need to do anything further.



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MEMORANDUM

To: All Active Employees

From: Human Resources Department

Re: FY26 EyeMed Vision Insurance Rates

Date: April 17, 2025

EyeMed Vision insurance rates for FY26 (July 1, 2025 – June 30, 2026) remain unchanged and are listed below as follows:

Individual Annual Cost \$88.08

Weekly (52 pay)	Weekly (10 month)	Bi- Weekly (26 Pay)	Bi-Weekly (21 Pay)
\$1.70	\$2.26	\$3.39	\$4.19

Individual +1 Annual Cost \$167.40

Weekly (52 pay)	Weekly (10 month)	Bi- Weekly (26 Pay)	Bi-Weekly (21 Pay)
\$3.22	\$4.30	\$6.44	\$7.97

Family Annual Cost \$245.76

Weekly (52 pay)	Weekly (10 month)	Bi- Weekly (26 Pay)	Bi-Weekly (21 Pay)
\$4.73	\$6.31	\$9.46	\$11.71

COBRA – 102% of Premiums

Individual Monthly	\$89.84
Individual +1 Monthly	\$170.75
Family Monthly	\$250.68

This is a pre-tax deduction with 100% of the premium paid by the employee/retiree. Dependent children are covered on any family plan through the end of the month the dependent turns 26 years of age. Dependents must be listed on the plan in order to ensure coverage.

Any changes including cancellation of coverage should be made between the open enrollment period of May 16 to June 16, 2025 by contacting or visiting the Human Resources Department at the Municipal Center, 10 Mechanic Street, first floor (rear entrance) or by calling 508-966-2967. Dental enrollment forms are attached. If you are not making any changes, you do not need to do anything further.



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MEMORANDUM

To: All Active Employees

From: Human Resources Department

Re: Flexible Spending/Dependent Care Program

Date: April 17, 2025

Cafeteria Plan Advisors will again offer the pre-tax flexible spending program for medical and dependent care for the FY26 plan year with 100% of the cost paid by the employee through pre-tax payroll deductions paid by the employee.

Medicare Care maximum enrollment amount has increased to \$3,300 as per the new IRS Healthcare maximum threshold.

Dependent Care maximum enrollment amount is \$5,000 per the IRS dependent/childcare maximum threshold.

New enrollments must be made during the open enrollment period of May 1 through May 30, 2025 by contacting or visiting the Human Resources Department at the Municipal Center, 10 Mechanic Street, first floor (rear entrance) or by calling 508-966-2967.

Re-enrollments can be made by directly with Cafeteria Plan Advisors by re-enrolling electronically with the vendor. Three electronic messages will be sent out from Cafeteria Plan Advisors during the month of May as reminders for re-enrollment.



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M E M O R A N D U M

To: All Active Employees

From: Human Resources Department

Re: Massachusetts Deferred Compensation SMART Plan (457 Retirement Savings Plan)

Date: April 17, 2025

The following message was sent by the Massachusetts Deferred Compensation SMART Plan to be distributed to active employees. Please note that enrollment into the plan can occur at any time of the year, and the announcement was requested to be shared as part of open enrollment only.

“The Massachusetts Deferred Compensation SMART Plan is a (457) retirement savings program offered to active employees. To learn more about this important benefit, you can review Plan Highlights available in English and Spanish on the website as follows: <https://www.mass.gov/smart-plan-for-public-employees>. You can also email smart@empower.com for instructions on how to enroll online or by form. Please keep in mind that SMART Plan Retirement Plan Advisors are representatives of Empower available to employees at no cost. If you are approached by an individual broker or advisor from a company other than Empower, please understand that they are not affiliated with the SMART Plan. Thank you.”