



TOWN OF BELLINGHAM

Human Resources Department

10 Mechanic Street, Bellingham, MA 02019

TEL: (508) 966-2967

FAX: (508) 966-4303

MEMORANDUM

To: Town of Bellingham Retirees

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:

Retiree Plan (Monthly Cost)	Individual Rate	Family Rate
Blue Cross Blue Shield Network N.E.	\$622.66	\$1,620.84
Harvard Pilgrim Health Care	\$622.66	\$1,620.84

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 508-966-2967/508-657-2801. 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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MEMORANDUM

To: Town of Bellingham Retirees

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 as follows:

Annual cost:

Individual Plan \$516.48

Family Plan \$1,522.80

Monthly cost:

Individual Plan \$43.40

Family Plan \$126.90

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 508-966-2967/508-657-2801. 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: Town of Bellingham Retirees

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 as follows:

Annual cost:

Individual Plan - \$88.08

Individual +1 Plan- \$167.40

Family Plan - \$245.76

Monthly cost:

Individual Plan - \$7.34

Individual +1 Plan - \$13.95

Family Plan - \$20.48

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 508-966-2967/508-657-2801. Dental enrollment forms are attached. If you are not making any changes, you do not need to do anything further.

