



TOWN OF TEWKSBURY

TOWN HALL
1009 MAIN ST
TEWKSBURY, MASSACHUSETTS 01876-2796

HUMAN RESOURCES DEPARTMENT

Teresa L Belanger, Human Resources Director
Melissa M. Acquaviva, Human Resources Generalist

P - (978) 640-4488
E - humanresources@tewbury-me.gov

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TO: Active Employees

SUBJECT: **Weekly Rates for Benefit Year 07/01/2025 through 06/30/2026**

Below please find the weekly premium deduction rates for the medical and dental plans being offered by the Town effective July 1, 2025. **The Open enrollment period runs from April 28th - May 16th and your premium deductions will begin in the June 6th paycheck as we pay forward for our insurance premiums.**

*Changes throughout the plan year **must be made within 30 days** of a “qualifying event” such as loss of insurance, spouse’s open enrollment, marriage/divorce, or birth of a child/adoption.*

Premium rates are split 75%/25% for the Medical plans and an 80%/20% split for the Dental plan.

Weekly Premium Deductions

Plan Name	Individual Coverage	Family Coverage	
Network Blue New England Network Deductible (HMO)	\$64.38	\$152.55	
Blue Care Elect Deductible (PPO)	\$67.29	\$159.68	
Access Blue New England Saver - High Deductible (HMO)	\$56.25	\$133.35	
Blue Care Elect Saver - High Deductible (PPO)	\$60.35	\$143.22	
Dental Blue *	\$1.87	\$4.76	
Boston Mutual Basic Life Insurance (Employee only)	\$0.67	NA	
	Employee Plus		
Supplemental Vision Plan	Employee Only	One	Family Coverage
Blue 20/20 EyeMed Vision Care	\$1.40	\$2.39	\$3.71

Note: Dependent coverage for medical, dental, and supplemental vision runs through the last day of the month in which they turn 26 years of age.