



**7/1/2026 MONTHLY FUNDING RATES**

Plan Name:	FY27 Rates	
	Individual	Family
<b><u>BLUE CROSS BLUE SHIELD:</u></b>		
BCE PPO TRADITIONAL	\$ 1,817	\$ 4,308
BCE PPO RATE SAVER	\$ 1,682	\$ 3,983
BCE PPO BENCHMARK	\$ 1,508	\$ 3,579
BCE PPO HIGH DEDUCTIBLE	\$ 1,310	\$ 3,400
NETBLUE HMO TRADITIONAL	\$ 1,283	\$ 3,414
NETBLUE NE HMO RATE SAVER	\$ 1,155	\$ 3,079
NETBLUE NE HMO BENCHMARK	\$ 1,066	\$ 2,837
NETBLUE NE HMO HDHP	\$ 906	\$ 2,417
<b><u>HARVARD PILGRIM HEALTH CARE:</u></b>		
HPHC HMO TRADITIONAL	\$ 1,388	\$ 3,694
HPHC HMO RATE SAVER	\$ 1,252	\$ 3,330
HPHC HMO CHOICENET BENCHMARK	\$ 1,181	\$ 3,139
HPHC HMO HDHP	\$ 975	\$ 2,537
<b><u>BCBS RETIREE MEDICARE SUPPLEMENT PLAN:</u></b> MEDEX 2 WITH BLUE MEDICARE RX PDP	CY 2026 Individual \$502.00	
<b><u>BCBS MEDICARE ADVANTAGE PPO RETIREE-</u></b> MEDICARE BLUE PPO FREEDOM RX	CY 2026 Individual \$530.25	
<b><u>MMHG DELTA DENTAL PLAN-</u></b> Delta Dental PPO Plus Premier	FY 2026 Rates Individual: \$33.03      Family: \$124.25	
<b><u>MMHG EYEMED VISION PLAN-</u></b> EyeMed Insight Plus Provider	FY 2026 Rates Subscriber= \$4.58 Subscriber + spouse= \$7.78 Subscriber + Child(ren)= \$8.02 Family= \$12.60	

**\*IMPORTANT REMINDER:** Retired Medicare enrolled subscribers and any member on their plan must maintain enrollment in Medicare Parts A&B and pay any Income Related Monthly Adjustment Amounts (IRMAA) in order to have coverage with MMHG.