



# Town of Reading

## FY26 Health and Dental Rates

Health Plans	Coverage	26 Pays (29%)	21 Pays (29%)	Monthly (29%)	Monthly (100%)
HMO Blue New England Options	Individual	\$ 156.05	\$ 187.26	\$ 312.09	\$ 1,076.18
	Family	\$ 417.99	\$ 501.59	\$ 835.98	\$ 2,882.69
PPO Blue Options	Individual	\$ 157.46	\$ 188.95	\$ 314.91	\$ 1,085.90
	Family	\$ 421.77	\$ 506.12	\$ 843.53	\$ 2,908.73

Dental Plan	Coverage	26 Pays (100%)	21 Pays (100%)	Monthly 100%
Dental Blue	Individual	\$ 26.71	\$ 32.05	\$ 53.42
	Family	\$ 69.71	\$ 83.65	\$ 139.42

Medicare Plan	Coverage	Monthly (29%)	Monthly (100%)
Medex w/ Medex RX	Individual	\$ 150.20	\$ 517.92
	Family	\$ 300.40	\$ 1035.84

effective 01/01/2026