MEDICAL INSURANCE RATES

Premium Amount Effective 01/01/26 Employee Contribution Rate Effective 01/01/26

I	RATES LISTED ARE MC	ONTHLY	
vaa Only	Franksias 9 Crausa	Franksias 9 Child(ran)	C manula:

	Em	ployee Only	Em	ployee & Spouse	Emp	oloyee & Child(ren)	Em	ployee & Family
PPO PLAN B/PLAN 1 Town Share (90%)	\$	829.33	\$	1,699.86	\$	1,533.69	\$	2,404.22
Employee Share (10%)	φ \$	92.15	φ \$	188.87	φ \$	170.41	Ф \$	2,404.22 267.14
Total Premium Amount	\$	921.48	\$	1,888.73	\$	1,704.12	\$	2,671.35
ApproxI Total	\$	11,057.78	·	22,664.72	·	20,440,20	·	·
Annual Total	Ф	11,057.78	\$	22,004.72	\$	20,449.38	\$	32,056.20
PPO PLAN B/PLAN 1				COBRA MEDICAL				
Town Share		_		-		_		_
Employee		939.91		1,926.50		1,738.20		2,724.78
Annual Total	\$	11,278.93	\$	23,118.01	\$	20,858.37	\$	32,697.33
Ailidal Total	Ψ		·	•			Ψ	32,037.33
	Emi			ES LISTED ARE MOI			Em	playaa & Family
HDHP PLAN F/PLAN 7		ployee Only		iployee & Spouse	EIIIF	oloyee & Child(ren)		ployee & Family
Town Share (90%)	\$	777.50	\$	1,593.60	\$	1,437.84	\$	2,253.95
Employee Share (10%)	\$	86.39	\$	177.07	\$	159.76	\$	250.44
Total Premium Amount	\$	863.89	\$	1,770.67	\$	1,597.61	\$	2,504.38
Annual Total	\$	10,366.65	\$	21,248.05	\$	19,171.26	\$	30,052.54
7 tilliddi 10tdi	Ψ	10,000.00	Ψ	21,240.00	Ψ	10,171.20	Ψ	00,002.04
				COBRA MEDICAL				
HDHP PLAN F/PLAN 7								
Town Share		-		4 000 00		4 000 50		-
Employee		881.17		1,806.08		1,629.56		2,554.47
Annual Total	\$	10,573.98	\$	21,673.01	\$	19,554.69	\$	30,653.59
	•			•		•		•
		F	RATE	Effective 01/01/26 ES LISTED ARE MOI	NTHL	Y		
	Emp	Foloyee Only		Effective 01/01/26 ES LISTED ARE MOI aployee & Spouse		.Y oloyee & Child(ren)	Em	ployee & Family
Town Share	\$		Em \$	ES LISTED ARE MOI ployee & Spouse 28.16	Emp		\$	28.16
Town Share Employee Share		ployee Only 28.16	Em	ES LISTED ARE MOI aployee & Spouse 28.16 28.18	Emp	28.16 27.94		28.16 86.20
	\$	ployee Only	Em \$	ES LISTED ARE MOI ployee & Spouse 28.16	Emp	oloyee & Child(ren) 28.16	\$	28.16
	\$	ployee Only 28.16	Em \$	ES LISTED ARE MOI aployee & Spouse 28.16 28.18	Emp	28.16 27.94	\$	28.16 86.20
Employee Share	\$ \$	28.16 - 26.32	Em \$ \$	ES LISTED ARE MOI aployee & Spouse 28.16 28.18 56.35	Emp \$ \$	28.16 47.94 76.10	\$ \$	28.16 86.20 114.36
Employee Share Annual Total	\$ \$	28.16 - 26.32	Em \$ \$	28.16 28.18 28.18 56.35	Emp \$ \$	28.16 47.94 76.10	\$ \$	28.16 86.20 114.36
Employee Share Annual Total Town Share	\$ \$	28.16 - 26.32	Em \$ \$	28.16 28.18 28.18 56.35	Emp \$ \$	28.16 47.94 76.10	\$ \$	28.16 86.20 114.36
Employee Share Annual Total Town Share Employee	\$ \$	28.16 - 26.32 315.84	\$ \$ \$	28.16 28.18 28.18 56.35 676.15 COBRA DENTAL	Emp \$ \$	28.16 47.94 76.10 913.18	\$ \$	28.16 86.20 114.36 1,372.34
Employee Share Annual Total Town Share	\$ \$	28.16 - 26.32 315.84	Em \$ \$	28.16 28.18 28.18 56.35 676.15 COBRA DENTAL	Emp \$ \$	28.16 47.94 76.10 913.18	\$ \$	28.16 86.20 114.36 1,372.34
Employee Share Annual Total Town Share Employee	\$ \$	28.16 - 26.32 315.84	\$ \$ \$	28.16 28.16 28.18 56.35 676.15 COBRA DENTAL - 57.47 689.68	\$ \$ \$	28.16 47.94 76.10 913.18 - 77.62 931.44	\$ \$	28.16 86.20 114.36 1,372.34
Employee Share Annual Total Town Share Employee	\$ \$	28.16 - 26.32 315.84	\$ \$ \$	28.16 28.18 56.35 676.15 COBRA DENTAL	\$ \$ \$	28.16 47.94 76.10 913.18 - 77.62 931.44	\$ \$	28.16 86.20 114.36 1,372.34
Employee Share Annual Total Town Share Employee	\$ \$	28.16 - 26.32 315.84 - 26.85 322.16	\$ \$ VISI	28.16 28.18 28.16 28.18 56.35 676.15 COBRA DENTAL 57.47 689.68 ON INSURANCE RA Effective 01/01/26	\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	28.16 47.94 76.10 913.18 - 77.62 931.44	\$ \$	28.16 86.20 114.36 1,372.34
Employee Share Annual Total Town Share Employee	\$ \$	28.16 - 26.32 315.84 - 26.85 322.16	\$ \$ VISI	28.16 28.18 56.35 676.15 COBRA DENTAL 57.47 689.68	\$ \$ NTHL	28.16 47.94 76.10 913.18 - 77.62 931.44	\$ \$	28.16 86.20 114.36 1,372.34
Annual Total Town Share Employee Annual Total	\$ \$ \$ \$ \$ \$ \$	28.16 - 26.32 315.84 - 26.85 322.16	\$ \$ \$ VISI	28.16 28.18 28.16 28.18 56.35 676.15 COBRA DENTAL 57.47 689.68 ON INSURANCE RA Effective 01/01/26 ES LISTED ARE MOI	\$ \$ \$ NTHL Emp	28.16 47.94 76.10 913.18 - 77.62 931.44	\$ \$	28.16 86.20 114.36 1,372.34 116.65 1,399.79
Annual Total Town Share Employee Annual Total Town Share	\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	28.16 - 26.32 315.84 - 26.85 322.16	\$ \$ VISI \$ \$ \$ Em \$ \$	28.16 28.18 28.16 28.18 56.35 676.15 COBRA DENTAL 57.47 689.68 ON INSURANCE RA Effective 01/01/26	\$ \$ ATES NTHL Emp	28.16 47.94 76.10 913.18 - 77.62 931.44	\$ \$ \$	28.16 86.20 114.36 1,372.34 116.65 1,399.79
Annual Total Town Share Employee Annual Total	\$ \$ \$ \$ \$ \$ \$	28.16 - 26.32 315.84 - 26.85 322.16	\$ \$ \$ VISI	28.16 28.18 28.16 28.18 56.35 676.15 COBRA DENTAL 57.47 689.68 ON INSURANCE RA Effective 01/01/26 ES LISTED ARE MOI aployee & Spouse 9.20	\$ \$ \$ NTHL Emp	28.16 47.94 76.10 913.18 - 77.62 931.44 Y Poloyee & Child(ren) 9.82	\$ \$	28.16 86.20 114.36 1,372.34 116.65 1,399.79
Annual Total Town Share Employee Annual Total Town Share	\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	28.16 - 26.32 315.84 - 26.85 322.16 - ployee Only 4.59 -	\$ \$ VISI \$ \$ \$ Em \$ \$	28.16 28.18 56.35 676.15 COBRA DENTAL 57.47 689.68 CON INSURANCE RAE Effective 01/01/26 ES LISTED ARE MOI aployee & Spouse 9.20 -	\$ \$ ATES NTHL Emp	28.16 47.94 76.10 913.18 - 77.62 931.44 Y ployee & Child(ren) 9.82	\$ \$ \$	28.16 86.20 114.36 1,372.34 116.65 1,399.79
Employee Share Annual Total Town Share Employee Annual Total Town Share Employee Share	\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	28.16 - 26.32 315.84 - 26.85 322.16 - ployee Only 4.59 - 4.59	\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	ES LISTED ARE MOI aployee & Spouse 28.16 28.18 56.35 676.15 COBRA DENTAL 57.47 689.68 ON INSURANCE RA Effective 01/01/26 ES LISTED ARE MOI aployee & Spouse 9.20 - 9.20	\$ \$ S NTHL Emp	28.16 47.94 76.10 913.18 - 77.62 931.44 Y Poloyee & Child(ren) 9.82 - 9.82	\$ \$ \$ \$ \$	28.16 86.20 114.36 1,372.34 116.65 1,399.79 15.70
Annual Total Town Share Employee Annual Total Town Share Employee Annual Total Annual Total	\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	28.16 - 26.32 315.84 - 26.85 322.16 - ployee Only 4.59 - 4.59	\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	ES LISTED ARE MOI aployee & Spouse 28.16 28.18 56.35 676.15 COBRA DENTAL 57.47 689.68 CON INSURANCE RA Effective 01/01/26 ES LISTED ARE MOI aployee & Spouse 9.20 9.20 110.40	\$ \$ S NTHL Emp	28.16 47.94 76.10 913.18 - 77.62 931.44 Y Poloyee & Child(ren) 9.82 - 9.82	\$ \$ \$ \$ \$	28.16 86.20 114.36 1,372.34 116.65 1,399.79
Employee Share Annual Total Town Share Employee Annual Total Town Share Employee Share	\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	28.16 - 26.32 315.84 - 26.85 322.16 - ployee Only 4.59 - 4.59	\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	ES LISTED ARE MOI aployee & Spouse 28.16 28.18 56.35 676.15 COBRA DENTAL 57.47 689.68 CON INSURANCE RA Effective 01/01/26 ES LISTED ARE MOI aployee & Spouse 9.20 9.20 110.40	\$ \$ S NTHL Emp	28.16 47.94 76.10 913.18 - 77.62 931.44 Y Poloyee & Child(ren) 9.82 - 9.82	\$ \$ \$ \$ \$	28.16 86.20 114.36 1,372.34 116.65 1,399.79 15.70
Annual Total Town Share Employee Annual Total Town Share Employee Share Annual Total Town Share Employee Share	\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	28.16 	\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	ES LISTED ARE MOI ployee & Spouse 28.16 28.18 56.35 676.15 COBRA DENTAL - 57.47 689.68 ON INSURANCE RA Effective 01/01/26 ES LISTED ARE MOI ployee & Spouse 9.20 - 9.20 110.40 COBRA VISION -	\$ \$ S NTHL Emp	28.16 47.94 76.10 913.18 - 77.62 931.44 Y Poloyee & Child(ren) 9.82 - 9.82	\$ \$ \$ \$ \$	28.16 86.20 114.36 1,372.34 116.65 1,399.79 15.70 15.70 188.40