



**CITY OF FITCHBURG**  
*Payroll & Benefits Department*  
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## 2025-2026 HEALTH INSURANCE RATES

These rates go into effect in June 2025 for the new plan year start on July 1, 2025

Network Blue New England HMO: 72.5% City Share/27.5% Employee Share  
Blue Choice New England POS & Blue Care Elect PPO: 67.5% City Share/32.5% Employee Share

All Blue Cross Blue Shield Plan documents can be found at <https://www.fitchburgma.gov/503/Payroll-Benefits>

ACTIVE EMPLOYEES	Plan Type	Total Monthly Premium	City Share Monthly Premium	Employee Share Monthly Premium	24 Deductions		20 Deductions	
					City Share	Employee Share	City Share	Employee Share
Network Blue New England HMO	Individual	\$1,071.80	\$777.06	\$294.74	\$388.54	\$147.36	\$466.24	\$176.84
	Family	\$2,827.82	\$2,050.17	\$777.65	\$1,025.09	\$388.82	\$1,230.10	\$466.59
Blue Choice New England POS	Individual	\$1,425.80	\$962.42	\$463.38	\$481.21	\$231.69	\$577.45	\$278.03
	Family	\$3,650.55	\$2,464.12	\$1,186.43	\$1,232.06	\$593.22	\$1,478.47	\$711.86
Blue Care Elect PPO	Individual	\$1,992.48	\$1,344.92	\$647.56	\$672.46	\$323.78	\$806.95	\$388.54
	Family	\$5,373.00	\$3,626.78	\$1,746.22	\$1,813.39	\$873.11	\$2,176.07	\$1,047.73

SURVIVING SPOUSES	Plan Type	Total Monthly Premium	City Share Monthly Premium	Surviving Spouse Share Monthly
Network Blue New England HMO	Individual	\$1,071.80	\$535.90	\$535.90
	Family	\$2,827.82	\$1,413.91	\$1,413.91
Blue Choice New England POS	Individual	\$1,425.80	\$712.90	\$712.90
	Family	\$3,650.55	\$1,825.28	\$1,825.27
Blue Care Elect PPO	Individual	\$1,992.48	\$996.24	\$996.24
	Family	\$5,373.00	\$2,686.50	\$2,686.50