

**CITY OF REVERE
EMPLOYEE INSURANCE RATES**

7/1/25 - 6/30/26

PROVIDER	TYPE OF PLAN	MONTHLY RATE 100%	CITY'S MONTHLY CONTRIBUTION	EMPLOYEE MONTHLY CONTRIBUTION	EMPLOYEE WEEKLY CONTRIB	COBRA RATE 102%		
Blue Choice	Individual	\$ 1,869.34	75.0%	\$ 1,402.01	25%	\$ 467.34	\$ 107.85	\$ 1,906.73
	Family	\$ 5,058.49	75.0%	\$ 3,793.87	25%	\$ 1,264.62	\$ 291.84	\$ 5,159.66
Network Blue Enhanced	Individual	\$ 1,180.89	77.5%	\$ 915.19	22.5%	\$ 265.70	\$ 61.32	\$ 1,204.51
	Family	\$ 3,102.71	77.5%	\$ 2,404.60	22.5%	\$ 698.11	\$ 161.10	\$ 3,164.76
Harvard Enhanced	Individual	\$ 1,150.03	77.5%	\$ 891.27	22.5%	\$ 258.76	\$ 59.71	\$ 1,173.03
	Family	\$ 3,071.84	77.5%	\$ 2,380.68	22.5%	\$ 691.16	\$ 159.50	\$ 3,133.28
Dental Blue	Individual	\$ 47.22	50%	\$ 23.61	50%	\$ 23.61	\$ 5.45	\$ 48.16
	Family	\$ 110.98	50%	\$ 55.49	50%	\$ 55.49	\$ 12.81	\$ 113.20

Boston Mutual Life	Firefighters, Police Officers	City, DPW, School
Basic	1.08/week	1.01/week or 4.38/month
Dependent	0.44/week	0.44/week
Voluntary	varies by amount and age	varies by amount and age

**Direct Pay Subscribers: Payments are due on the 1st of the month preceding the month of coverage (payment for July is due June 1st).
Make checks payable to City of Revere. Mail to Human Resources, City of Revere, 281 Broadway, Revere, MA 02151.**