

City of Newton
Non-Medicare Retiree Health* and Dental Monthly Rates
FY 2025 7/1/2024 - 6/30/2025

Retiree Contribution**	AFSCME 1703 (Engineers), AFSCME 2443 (Foreman), AFSCME 2913 (PCO), IAFF 863 (Firefighters), Massachusetts Nurses Association, Newton Police Association, Newton Superior Police Officers Association and Teamsters Local 25 Retirees							
	Enrolled and Retired prior to 7/1/2023				Retired after 7/1/2023		Retired after 7/1/2023	
	20%		25%		20%		25%	
	Individual	Family	Individual	Family	Individual	Family	Individual	Family
Network Blue NE HMO	\$ 201.78	\$ 567.78	\$ 252.22	\$ 709.73	N/A	N/A	N/A	N/A
Blue Care Elect PPO	\$ 341.06	\$ 826.48	\$ 426.32	\$ 1,033.10	\$ 898.18	\$ 1,861.24	\$ 948.62	\$ 2,003.19

Retiree Contribution**	AFSCME 3092/3092B and Non-Union Retirees							
	Enrolled and Retired prior to 7/1/2023				Retired after 7/1/2023		Retired after 7/1/2023	
	20%		30%		20%		30%	
	Individual	Family	Individual	Family	Individual	Family	Individual	Family
Network Blue NE HMO	\$ 211.26	\$ 584.09	\$ 316.90	\$ 876.14	N/A	N/A	N/A	N/A
Blue Care Elect PPO	\$ 348.26	\$ 843.92	\$ 522.39	\$ 1,265.88	\$ 896.23	\$ 1,883.24	\$ 1,001.87	\$ 2,175.29

Retiree Contribution**	Newton Public Schools - NESAs, Custodians, NTA Unit C, NTA Unit D, NTA Unit E, & Non-Aligned									
	Retired Or Enrolled After 4/1/12, But Was Hired By NPS Before 7/1/11		Retired Or Enrolled After 4/1/12, But Was Hired By NPS After 7/1/11		Retired Or Enrolled After 4/1/12		New Enrollments Or Transfer Into PPO After 6/30/20		Hired by NPS After 1/31/24	
	20%		25%		30%		35%		48%	
	Individual	Family	Individual	Family	Individual	Family	Individual	Family	Individual	Family
Network Blue NE HMO	\$201.21	\$566.20	\$251.52	\$707.75	N/A	N/A	N/A	N/A	N/A	N/A
Blue Care Elect PPO	N/A	N/A	N/A	N/A	\$511.58	\$1,239.71	\$596.85	\$1,446.33	\$818.53	\$1,983.54

Retiree Contribution**	Legacy Plan City and NPS Retirees	
	Enrolled prior to 4/1/2012	
	20%	
	Individual	Family
Network Blue NE - HMO	\$ 238.23	\$ 662.80
Blue Care Elect - PPO	\$ 373.45	\$ 914.59

Guardian Dental Monthly Rate	
July 1, 2024 - June 30, 2025	
Individual	Family
\$ 53.51	\$ 135.95

* All retirees spouses/ex-spouses over the age of 65 must enroll in Medicare Part A and B. Proof of ineligibility is required to remain enrolled in a Non-Medicare plan.

** Retiree contribution is based on the contribution paid prior to retirement.