Town of Needham Retiree Health Insurance

Medicare Supplement/Advantage Plans

Calendar Year 2026 Monthly Rates - Effective January 1, 2026

Must be a Needham Retiree, Spouse or Surviving Spouse and enrolled in *both* Medicare Parts A & B to be eligible

Company	Plan Name	Provider Network	2026 Full Monthly Rate	Town Contribution	2026 Monthly Rate Retiree (YOU PAY)	2026 Monthly Rate *Town pays*
Tufts	**Preferred HMO**	HMO	$ 423.00	50.0%	**$ 211.50**	*$ 211.50*
Harvard Pilgrim	**Medicare Enhanced**	No Network	$ 508.00	50.0%	**$ 254.00**	*$ 254.00*
Blue Cross / Blue Shield	**MEDEX**	No Network	$ 524.00	50.0%	**$ 262.00**	*$ 262.00*
	Managed Blue for Seniors	HMO	$ 478.00	68.0%	**$ 152.96**	*$ 325.04*
Fallon Health	**Medicare Plus Premier**	HMO	$ 358.00	50.0%	**$ 179.00**	*$ 179.00*

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