

**City of Berwyn**  
**Health-Dental-Vision Insurance Renewal Rates**  
**Commencing May 2026**

<b>BCBS Health HMO Rates (No Vision)</b>			
	<b>Effective 5/1/26 Monthly Premium</b>	<b>Bi-Weekly Employer Contribution</b>	<b>Bi-Weekly Employee Payroll Deduction</b>
Single	\$ 1,419.96	\$ 573.45	\$ 81.92
Single +1	\$ 2,846.35	\$ 1,149.49	\$ 164.21
Family	\$ 4,374.69	\$ 1,766.70	\$ 252.39

<b>BCBS Health PPO Rates (No Vision)</b>			
	<b>Effective 5/1/26 Monthly Premium</b>	<b>Bi-Weekly Employer Contribution</b>	<b>Bi-Weekly Employee Payroll Deduction</b>
Single	\$ 1,747.63	\$ 705.77	\$ 100.82
Single +1	\$ 3,503.22	\$ 1,414.76	\$ 202.11
Family	\$ 5,384.21	\$ 2,174.39	\$ 310.63

<b>VSP Vision Rates</b>			
	<b>Effective 5/1/26 Monthly Premium</b>	<b>Bi-Weekly Employer Contribution</b>	<b>Bi-Weekly Employee Payroll Deduction</b>
Single	\$ 9.00	\$ 3.63	\$ 0.52
Single + spouse	\$ 18.78	\$ 7.58	\$ 1.08
Single + child	\$ 20.10	\$ 8.12	\$ 1.16
Family	\$ 32.13	\$ 12.98	\$ 1.85

<b>Aetna PPO Dental Rates</b>			
	<b>Effective 5/1/26 Monthly Premium</b>	<b>Bi-Monthly Employer Contribution</b>	<b>Bi-Monthly Employee Payroll Deduction</b>
Single	\$ 55.90	\$ 24.46	\$ 3.49
Single +Spouse	\$ 111.79	\$ 48.91	\$ 6.99
Single +Child(ren)	\$ 131.15	\$ 57.38	\$ 8.20
Family	\$ 195.64	\$ 85.59	\$ 12.23

<b>Aetna DMO Dental Rates</b>			
	<b>Effective 5/1/26 Monthly Premium</b>	<b>Bi-Monthly Employer Contribution</b>	<b>Bi-Monthly Employee Payroll Deduction</b>
Single	\$ 36.38	\$ 15.92	\$ 2.27
Single +Spouse	\$ 89.14	\$ 39.00	\$ 5.57
Single +Child(ren)	\$ 81.14	\$ 35.50	\$ 5.07
Family	\$ 108.79	\$ 47.60	\$ 6.80

<b>Medicare Health Coverage</b>			
		<b>BCBS HMO Monthly Premium Effective 5/1/26</b>	<b>BCBS PPO Monthly Premium Effective 5/1/26</b>
Single		\$ 1,247.90	\$ 1,535.89
Family		\$ 2,495.80	\$ 3,071.78