

**HEALTH INSURANCE RATES - JANUARY 1, 2008**

HEALTH PLANS	Plans for: All active and unionized employees					Plans for: "M" Schedule and Non Union			Plans For: "M" Schedule, Non-Union, AFSCME, & SEIU Employees hired after July 1, 2007				Plans For: Town Retirees and Mass Teachers			Survivor Monthly Rate	"Cobra" Monthly Rates Includes 2% Admin Fee
	(15% Contribution for HMO's)					(20% Contributions for HMO's)			(25% Contribution for HMO's)				(15% Contributions for HMO's)				
	Monthly Rate	Town Monthly Rate	Subscriber Monthly Rate	Subscriber Weekly Rate	Subscriber Bi Weekly Rate	Town Monthly Rate	Subscriber Monthly Rate	Subscriber Weekly Rate	Town Monthly Rate	Subscriber Monthly Rate	Subscriber Weekly Rate	Subscriber Bi-Weekly Rate	Town Monthly Rate	Retiree Monthly Rate	Weekly Rate		
Blue Choice / Individual	850.16	637.62	212.54	53.13	106.26												
Blue Choice / Family	2,274.89	1,706.17	568.72	142.18	284.36												
Blue Choice # 2 / Individual	833.12	624.84	208.28	52.07	104.14	624.84	208.28	52.07	624.84	208.28	52.07	104.14	624.84	208.28	52.07	416.56	849.78
Blue Choice # 2 / Family	2,229.20	1,671.90	557.30	139.32	278.64	1,671.90	557.30	139.32	1,671.90	557.30	139.32	278.64	1,671.90	557.30	139.32	1,114.60	2,273.78
HMO Blue / Individual	591.13	502.47	88.66	22.16	44.32												
HMO Blue / Family	1,580.69	1,343.59	237.10	59.28	118.56												
HMO Blue #2 / Individual	573.23	487.25	85.98	21.50	43.00	458.58	114.65	28.66	429.92	143.31	35.82	71.64	487.25	85.98	21.50	286.62	584.69
HMO Blue #2 / Family	1,532.67	1,302.77	229.90	57.47	114.94	1,226.14	306.53	76.63	1,149.50	383.17	95.79	191.58	1,302.77	229.90	57.47	766.34	1,563.32
Harvard Pilgrim / Individual	597.36	507.76	89.60	22.40	44.80	477.88	119.48	29.87	448.02	149.34	37.34	74.68	507.76	89.60	22.40	298.68	609.31
Harvard Pilgrim / Family	1,535.21	1,304.93	230.28	57.57	115.14	1,228.17	307.04	76.76	1,151.41	383.80	95.95	191.90	1,304.93	230.28	57.57	767.61	1,565.91
Major Medical / Individual	1,597.37	1,198.03	399.34	99.84	199.68	1,198.03	399.34	99.86	1,198.03	399.34	99.84	199.68	1,198.03	399.34	99.84	798.69	1,629.32
Major Medical / Family	4,277.53	3,208.15	1,069.38	267.35	534.70	3,208.15	1,069.38	267.35	3,208.15	1,069.38	267.35	534.70	3,208.15	1,069.38	267.35	2,138.77	4,363.08
Blue Care Elect / Individual	650.54	487.91	162.63	40.66	81.32								487.91	162.64	40.66	325.27	663.55
Blue Care Elect / Family	1,739.89	1,304.92	434.97	108.74	217.48								1,304.92	434.97	108.74	869.95	1,774.69
Medex III	413.76												310.32	103.44	25.86	206.88	
Managed Blue for Seniors	372.37												316.51	55.86	13.96	186.19	
1st Seniority Freedom	208.00												156.00	52.00	13.00	104.00	

Note: Blue Care Elect - New Enrollment is open to Out of State Non Medicare Eligible Retirees Only

**DENTAL INSURANCE: IF AFTER ENROLLED, YOU DROP DENTAL INS., YOU CAN'T ENROLL AGAIN.**

Only available to: "680", NAGE, Librarians, Fire, Patrolmen, Ranking Officers, Non-Union, M Schedule & Retirees

	Monthly Rate	Subscriber Monthly Rate	Subscriber Monthly Rates	Subscriber Monthly Rates	Retiree Monthly Rate	Survivor Monthly Rate	"Cobra" Monthly Rates Includes 2%
Dental Blue / Individual	37.81	37.81		37.81	37.81	37.81	38.57
Dental Blue / Family	88.80	88.80		88.80	88.80	88.80	90.58