

HEALTH INSURANCE RATES - JANUARY 1, 2009

HEALTH PLANS	Plans for: All active and unionized employees					Plans for: "M" Schedule and Non Union			Plans For: "M" Schedule, Non-Union, AFSCME, SEIU & Librarian employees hired after July 1, 2007 Firefighters hired after July 1, 2008				Plans For: Town Retirees and Mass Teachers*			Survivor Monthly Rate	"Cobra" Monthly Rates Includes 2% Admin Fee
	Monthly Rate	(15% Contribution for HMO's) Town Subscriber Subscriber Subscriber Monthly Monthly Weekly Bi Weekly Rate Rate Rate Rate Rate				Monthly Rate	Subscriber Monthly Rate	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	1,112.90	834.66	278.24	69.56	139.12												
Blue Choice / Family	2,975.94	2,231.94	744.00	186.00	372.00												
Blue Choice # 2 / Individual	1,090.34	817.74	272.60	68.15	136.30	817.74	272.60	68.15	817.74	272.60	68.15	136.30	817.74	272.60	68.15	545.17	1,112.15
Blue Choice # 2 / Family	2,915.46	2,186.58	728.88	182.22	364.44	2,186.58	728.88	182.22	2,186.58	728.88	182.22	364.44	2,186.58	728.88	182.22	1,457.73	2,973.77
HMO Blue / Individual	653.74	555.66	98.08	24.52	49.04												
HMO Blue / Family	1,745.43	1,483.63	261.80	65.45	130.90												
HMO Blue #2 / Individual	633.11	538.15	94.96	23.74	47.48	506.47	126.64	31.66	474.83	158.28	39.57	79.14	538.15	94.96	23.74	316.56	645.77
HMO Blue #2 / Family	1,690.09	1,436.57	253.52	63.38	126.76	1,352.09	338.00	84.50	1,267.57	422.52	105.63	211.26	1,436.57	253.52	63.38	845.05	1,723.89
Harvard Pilgrim / Individual	618.37	525.61	92.76	23.19	46.38	494.69	123.68	30.92	463.77	154.60	38.65	77.30	525.61	92.76	23.19	309.19	630.74
Harvard Pilgrim / Family	1,588.94	1,350.58	238.36	59.59	119.18	1,271.14	317.80	79.45	1,191.70	397.24	99.31	198.62	1,350.58	238.36	59.59	794.47	1,620.72
Blue Care Elect / Individual	748.15	561.11	187.04	46.76	93.52								561.11	187.04	46.76	374.08	763.11
Blue Care Elect / Family	1,998.41	1,498.81	499.60	124.90	249.80								1,498.81	499.60	124.90	999.21	2,038.38
Medex III	429.15												321.87	107.28	26.82	214.58	
Managed Blue for Seniors	387.64												329.49	58.16	14.54	193.82	
1st Seniority Freedom	229.00												171.75	57.24	14.31	114.50	

Note: Blue Care Elect - New Enrollment is open to Out of State Non Medicare Eligible Retirees Only
 *Retirees after July 1, 2007: Contribution rate will not be less than their contribution rate as active employees.

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	38.57	38.57		38.57	38.57	38.57	39.34
Dental Blue / Family	90.58	90.58		90.58	90.58	90.58	92.39