

HEALTH

Family Plan	Monthly Rate	COBRA Rate	Monthly Town Share	Monthly Employee Share	Bi-Weekly 26 Pay	Bi-Weekly 21 Pay	Total Annual Cost
Blue Choice of MA & Blue Choice New England	\$2,056.24 same as above	\$2,097.36	\$1,644.99	\$411.25	\$189.81	\$235.00	\$24,674.84
Network Blue (HMO Blue) of MA & Network Blue New England	\$1,453.45 same as above	\$1,482.52	\$1,235.43	\$218.02	\$100.62	\$124.58	\$17,441.43
Harvard Pilgrim	\$1,234.90	\$1,259.60	\$1,049.67	\$185.24	\$85.49	\$105.85	\$14,818.80
Individual Plan							
Blue Choice of MA & Blue Choice New England	\$787.33 same as above	\$803.08	\$629.87	\$157.47	\$72.68	\$89.98	\$9,447.99
Network Blue (HMO Blue) of MA & Network Blue New England	\$558.56 same as above	\$569.73	\$474.77	\$83.78	\$38.67	\$47.88	\$6,702.70
Harvard Pilgrim	\$490.86	\$500.68	\$417.23	\$73.63	\$33.98	\$42.07	\$5,890.32
Retiree/Senior Plans							
Blue Care Elect Family*	\$2,056.24	\$2,097.36	\$1,644.99	\$411.25			\$24,674.84
Blue Care Elect Individual*	\$866.07	\$883.39	\$692.85	\$173.21			\$10,392.79
Medex III	\$413.61	\$421.88	\$330.89	\$82.72			\$4,963.30
Managed Blue for Sr's.	\$401.31	\$409.34	\$321.05	\$80.26			\$4,815.72
Harvard 1st. Seniority Freedom**	\$208.00	\$212.16	\$166.40	\$41.60			\$2,496.00

*For out of state Retirees, under age 65 or not Medicare eligible only

**Increases January 1st

DENTAL

Delta Premier							
Individual	\$47.45	\$48.40	\$23.73	\$23.73	\$10.95	\$13.56	\$569.43
Individual +1	\$76.26	\$77.79	\$38.13	\$38.13	\$17.60	\$21.79	\$915.13
Family	\$122.02	\$124.46	\$61.01	\$61.01	\$28.16	\$34.86	\$1,464.29
DeltaCare							
Individual	\$26.96	\$27.50	\$13.48	\$13.48	\$6.22	\$7.70	\$323.49
Individual +1	\$50.53	\$51.54	\$25.27	\$25.27	\$11.66	\$14.44	\$606.37
Family	\$75.99	\$77.51	\$38.00	\$38.00	\$17.54	\$21.71	\$911.91

Phone Contact Information:

Blue Choice/Network Blue/Managed Care for Seniors: 1-800-782-3675
 Medex: 1-800-258-2226
 Harvard Pilgrim HMO/1st Seniority: 1-800-542-1499
 Delta Premier: 1-800-872-0500
 Delta Care: 1-800-327-6277

Web Contact Information

Blue Cross/Blue Shield: www.bluecrc
 Harvard Pilgrim: www.harvardpilg
 Delta Dental: www.deltadental

Town Annual Cost	Employee Annual Cost
\$19,739.87	\$4,934.97
\$14,825.22	\$2,616.21
\$12,595.98	\$2,222.82
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\$7,558.39	\$1,889.60
\$5,697.29	\$1,005.40
\$5,006.77	\$883.55
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\$19,739.87	\$4,934.97
\$8,314.23	\$2,078.56
\$3,970.64	\$992.66
\$3,852.58	\$963.14
\$1,996.80	\$499.20
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\$284.71	\$284.71
\$457.57	\$457.57
\$732.14	\$732.14
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\$161.74	\$161.74
\$303.18	\$303.18
\$455.95	\$455.95

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 ssma.com Medex: 1-800-258-2226
 rim.org Harvard Pilgrim HMO/1st Seniority: 1-800-542-1499
 .com Delta Premier: 1-800-872-0500
 Delta Care: 1-800-327-6277