HEALTH INSURANCE RATES - JANUARY 1, 2011

HEALTH PLANS	Plans for: All active and unionized employees (15% Contribution for HMO's) Monthly Rate	Town Monthly Rate	Subscriber Monthly Rate	Town Weekly Rate	Subscriber Weekly Rate	Town BiWeekly Rate	Subscriber Bi Weekly Rate	Plans for: "M" Schedule and Non Union (20% Contributions for HMO's) Town Monthly Rate	Subscriber Monthly Rate	Town BiWeekly Rate	Subscriber BiWeekly Rate	Town Weekly Rate	Weekly Rate	Plans For: "M" Schedule, Non-Union, AFSCME, SEIU & Librarian employees hired after July 1, 2007 Firefighters hired after July 1, 2008 (25% Contribution for HMO's) Town Monthly Rate	Subscriber Monthly Rate	Town Weekly Rate	Subscriber Weekly Rate	Town BiWeekly Rate	Subscriber Bi-Weekly Rate	Plans For: Town Retirees and Mass Teachers* (15% Contributions for HMO's) Town Monthly Rate	Retiree Monthly Rate	Town Weekly Rate	Weekly Rate	Survivor Monthly Rate	"Cobra" Monthly Rates Includes 2% Admin Fee
Blue Choice / Individual	1,656.64	1,242.48	414.16	310.62	103.54	621.24	207.08	1,242.48	414.16	621.24	207.08	310.62	103.54	1,242.48	414.16	310.62	103.54	621.24	207.08	1,242.48	414.16	310.62	103.54	828.32	1,689.77
Blue Choice / Family	4,428.35	3,321.26	1,107.09	830.32	276.77	1,660.63	553.55	3,321.26	1,107.09	1,660.63	553.55	830.32	276.77	3,321.26	1,107.09	830.32	276.77	1,660.63	553.55	3,321.26	1,107.09	830.32	276.77	2,214.18	4,516.91
HMO Blue / Individual	773.80	657.73	116.07	164.43	29.02	328.87	58.04	619.04	154.76	309.52	77.38	154.76	38.69	580.35	193.45	145.09	48.36	290.18	96.73	657.73	116.07	164.43	29.02	386.90	789.27
HMO Blue / Family	2,047.71	1,740.55	307.16	435.14	76.79	870.28	153.58	1,638.16	409.55	819.08	204.78	409.54	102.39	1,535.78	511.93	383.95	127.98	767.89	255.96	1,740.55	307.16	435.14	76.79	1,023.86	2,088.66
(AKA Network Blue)																									
* **Harvard Pilgrim / Individual**	627.78	533.62	94.16	133.41	23.54	266.81	47.08	502.23	125.55	251.12	62.78	125.56	31.39	470.84	156.94	117.71	39.24	235.42	78.48	533.62	94.16	133.41	23.54	313.89	640.34
* **Harvard Pilgrim / Family**	1,613.39	1,371.39	242.00	342.85	60.50	685.70	121.00	1,290.71	322.68	645.36	161.34	322.68	80.67	1,210.05	403.34	302.51	100.83	605.03	201.67	1,371.39	242.00	342.85	60.50	806.69	1,645.66
Blue Care Elect / Individual	1,001.97	751.48	250.49	187.87	62.62	375.74	125.25													751.48	250.49	187.87	62.62	500.99	1,022.01
Blue Care Elect / Family	2,700.72	2,025.54	675.18	506.39	168.80	1,012.77	337.60													2,025.54	675.18	506.39	168.80	1,350.36	2,754.73
Medex III	429.45																			322.09	107.36	80.52	26.84	214.73	
Managed Blue for Seniors	412.42																			350.56	61.87	87.64	15.47	206.21	
HPHC Enhanced	354.00																			265.50	88.50	66.38	22.13	177.00	

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 Includes2%
Dental Blue / Individual	39.49	39.49	39.49	39.49	39.49	39.49	40.28
Dental Blue / Family	92.75	92.75	92.75	92.75	92.75	92.75	94.61