

**HEALTH**

Updated 04/04/2011

Family Plans	Monthly Rate	COBRA Rate	Monthly Town Share	Monthly Retiree/ Employee Share	Bi-Weekly 26 Pay	Bi-Weekly 22 Pay	Total Annual Cost	Town Annual Cost	Employee Annual Cost
Blue Choice of MA	\$2,186.76	\$2,230.50	\$1,749.41	\$437.35	\$201.85	\$238.56	\$26,241.12	\$20,992.90	\$5,248.22
& Blue Choice New England	same as above								
Network Blue (HMO Blue) of MA	\$1,743.19	\$1,778.05	\$1,394.55	\$348.64	\$160.91	\$190.17	\$20,918.28	\$16,734.62	\$4,183.66
& Network Blue New England	same as above								
Harvard Pilgrim	\$1,608.66	\$1,640.83	\$1,286.92	\$321.73	\$148.49	\$175.49	\$19,303.92	\$15,443.14	\$3,860.78
<b>Individual Plans</b>									
Blue Choice of MA	\$837.31	\$854.05	\$669.84	\$167.46	\$77.29	\$91.34	\$10,047.72	\$8,038.18	\$2,009.54
& Blue Choice New England	same as above								
Network Blue (HMO Blue) of MA	\$669.91	\$683.30	\$535.93	\$133.98	\$61.84	\$73.08	\$8,038.92	\$6,431.14	\$1,607.78
& Network Blue New England	same as above								
Harvard Pilgrim	\$618.72	\$631.09	\$494.97	\$123.74	\$57.11	\$67.50	\$7,424.64	\$5,939.71	\$1,484.93
<b>Retiree/Senior Plans</b>									
Blue Care Elect Family*	\$2,500.66	\$2,550.68	\$2,000.53	\$500.13			\$30,007.92	\$24,006.34	\$6,001.58
Blue Care Elect Individual*	\$1,053.26	\$1,074.33	\$842.61	\$210.65			\$12,639.12	\$10,111.30	\$2,527.82
Medex III	\$465.35	\$474.65	\$372.28	\$93.07			\$5,584.20	\$4,467.36	\$1,116.84
Managed Blue for Sr's.	\$418.42	\$426.79	\$334.74	\$83.68			\$5,021.04	\$4,016.83	\$1,004.21
Harvard Medicare Enhance	\$345.20	\$352.10	\$276.16	\$69.04			\$4,142.40	\$3,313.92	\$828.48

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

<b>DENTAL</b>	Monthly Rate	COBRA Rate	Monthly Town Share	Monthly Retiree/ Employee Share	Bi-Weekly 26 Pay	Bi-Weekly 22 Pay	Total Annual Cost	Town Annual Cost	Employee Annual Cost
<b>Delta Premier</b>									
Family	\$120.44	\$122.85	\$60.22	\$60.22	\$27.79	\$32.85	\$1,445.28	\$722.64	\$722.64
Individual +1	\$75.26	\$76.77	\$37.63	\$37.63	\$17.37	\$20.53	\$903.12	\$451.56	\$451.56
Individual	\$46.83	\$47.77	\$23.42	\$23.42	\$10.81	\$12.77	\$561.96	\$280.98	\$280.98
<b>DeltaCare</b>									
Family	\$79.92	\$81.52	\$39.96	\$39.96	\$18.44	\$21.80	\$959.04	\$479.52	\$479.52
Individual +1	\$53.09	\$54.15	\$26.55	\$26.55	\$12.25	\$14.48	\$637.09	\$318.55	\$318.55
Individual	\$28.34	\$28.90	\$14.17	\$14.17	\$6.54	\$7.73	\$340.08	\$170.04	\$170.04

**Phone Contact Information:**

Blue Cross Plans (EXCEPT MEDEX):	(800) 782-3675
Medex:	(800) 258-2226
Harvard Pilgrim (all plans):	(800) 542-1499
Delta Premier:	(800) 872-0500
Delta Care:	(800) 327-6277

**Web Contact Information:**

Blue Cross/Blue Shield: <a href="http://www.bluecrossma.com">www.bluecrossma.com</a>
Harvard Pilgrim: <a href="http://www.harvardpilgrim.org">www.harvardpilgrim.org</a>
Delta Dental: <a href="http://www.deltadental.com">www.deltadental.com</a>