

**HEALTH INSURANCE PREMIUM RATES FOR CALENDAR YEAR 2008**

	<u>Weekly</u>	<u>Bi-Weekly</u>	<u>Pro Rate</u>	<u>Employee Share</u>	<u>Town Share</u>	<u>Total</u>	<u>Contribution</u>	
							<u>Employee</u>	<u>Town</u>
<b><u>BX/BS BLUE CHOICE</u></b>								
Individual	76.49	152.99	183.58	305.97	305.97	611.94	50.00%	50.00%
Family	205.00	410.01	492.01	820.01	820.01	1,640.02	50.00%	50.00%
<b><u>BX/BS HMO BLUE</u></b>								
Individual	33.45	66.89	80.27	133.78	423.64	557.42	24.00%	76.00%
Family	93.37	186.74	224.08	373.47	1,120.42	1,493.89	25.00%	75.00%
<b><u>BX/BS HMO BLUE</u>      <u>Firefighters Rate</u></b>								
Individual	39.02	78.04	93.65	156.08	401.34	557.42	28.00%	72.00%
Family	104.57	209.14	250.97	418.29	1,075.60	1,493.89	28.00%	72.00%
<b><u>BX/BS HMO BLUE - \$1,000 Option</u></b>								
Individual	26.78	53.57	64.28	107.14	339.27	446.41	24.00%	76.00%
Family	74.77	149.55	179.46	299.10	897.29	1,196.39	25.00%	75.00%
<b><u>BX/BS HMO BLUE - \$1,000 Option</u>      <u>Firefighters Rate</u></b>								
Individual	31.25	62.50	75.00	124.99	321.42	446.41	28.00%	72.00%
Family	83.75	167.49	200.99	334.99	861.40	1,196.39	28.00%	72.00%
<b><u>HARVARD PILGRIM HEALTH PLAN</u></b>								
Individual	32.01	64.03	76.83	128.06	405.51	533.57	24.00%	76.00%
Family	84.58	169.16	203.00	338.33	1,014.98	1,353.31	25.00%	75.00%
<b><u>HARVARD PILGRIM HEALTH PLAN</u>      <u>Firefighters Rate</u></b>								
Individual	37.35	74.70	89.64	149.40	384.17	533.57	28.00%	72.00%
Family	94.73	189.46	227.36	378.93	974.38	1,353.31	28.00%	72.00%
<b><u>HARVARD PILGRIM HEALTH PLAN - Best Buy</u></b>								
Individual	23.63	47.26	56.72	94.53	299.34	393.87	24.00%	76.00%
Family	62.44	124.87	149.84	249.74	749.24	998.98	25.00%	75.00%
<b><u>HARVARD PILGRIM HEALTH PLAN - Best Buy</u>      <u>Firefighters Rate</u></b>								
Individual	27.57	55.14	66.17	110.28	283.59	393.87	28.00%	72.00%
Family	69.93	139.86	167.83	279.71	719.27	998.98	28.00%	72.00%

**Special notes**

The HMO Blue \$1,000 Option Plan and the Harvard Pilgrim Best Buy Plan will be offered by the Town using an HRA (Health Reimbursement Account) with the high \$1,000 Deductible plans. The Town will pay the first \$500 of eligible expenses for Individual members and \$1,000 for Family members.

Our Anniversary Date and OPEN ENROLLMENT is JANUARY 1, 2008. Anyone interested in changing plans may do so at this time only. Once you have signed up for a particular plan, you are NOT allowed to change providers until the next anniversary/open enrollment. All Change Forms must be in the Treasurer's Office by December 1, 2008.