

Town of West Boylston
New Health Insurance Premium Rates
Effective July 1, 2010

	Old Premium 2010	New Premium 2011	\$ Change	% Change
Harvard Pilgrim HealthCare				
<u>HPHC - HMO- Family</u>				
Total Monthly Premium Cost	1,334.37	1,421.10	86.73	6.50%
Employee Monthly Cost	133.44	not available		
Bi-Weekly Payroll Deduction Amount	66.72	not available		
<u>HPHC - HMO- Individual</u>				
Total Monthly Premium Cost	517.19	550.81	33.62	6.50%
Employee Monthly Cost	51.72	not available		
Bi-Weekly Payroll Deduction Amount	25.86	not available		
<u>HPHC - POS- Family</u>				
Total Monthly Premium Cost	2,196.55	2,339.33	142.78	6.50%
Employee Monthly Cost	549.14	not available		
Bi-Weekly Payroll Deduction Amount	274.57	not available		
<u>HPHC - POS- Individual</u>				
Total Monthly Premium Cost	851.37	906.71	55.34	6.50%
Employee Monthly Cost	212.84	not available		
Bi-Weekly Payroll Deduction Amount	106.42	not available		
<u>HPHC - PPO- FAMILY</u>				
Total Monthly Premium Cost	4,044.77	4,307.68	262.91	6.50%
Employee Monthly Cost	1,011.19	not available		
Bi-Weekly Payroll Deduction Amount	505.60	not available		
<u>HPHC - PPO- Individual</u>				
Total Monthly Premium Cost	1,567.73	1,669.63	101.90	6.50%
Employee Monthly Cost	391.93	not available		
Bi-Weekly Payroll Deduction Amount	195.97	not available		

Delta Dental:

DELTA VOLUNTARY ENHANCED Adds a \$1500 annual max effective 7/1/2010

<u>Family</u>				
Total Monthly Premium Cost	97.00	97.00	0.00	0.00%
Employee Monthly Cost (100%)	97.00	97.00		
Bi-Weekly Payroll Deduction Amount	48.50	48.50		
<u>Individual</u>				
Total Monthly Premium Cost	39.00	39.00	0.00	0.00%
Employee Monthly Cost (100%)	39.00	39.00		
Bi-Weekly Payroll Deduction Amount	19.50	19.50		

DELTA PPO PLUS PREMIER New alternative plan effective 7/1/2010

<u>Family</u>				
Total Monthly Premium Cost	0.00	123.00		
Employee Monthly Cost (100%)	0.00	123.00		
Bi-Weekly Payroll Deduction Amount	0.00	61.50		
<u>Individual</u>				
Total Monthly Premium Cost	0.00	48.00		
Employee Monthly Cost (100%)	0.00	48.00		
Bi-Weekly Payroll Deduction Amount	0.00	24.00		

**Town of West Bayiston
New Health Insurance Premium Rates
Effective July 1, 2010**

	Old Premium 2010	New Premium 2011	\$ Change	% Change
Harvard Pilgrim HealthCare				
<u>HPHC - HMO- Family</u>				
Total Monthly Premium Cost	1,334.37	1,421.10	86.73	6.50%
Employee Monthly Cost (15%)	133.44	213.17	79.73	
Bi-Weekly Payroll Deduction Amount	86.72	108.59	21.87	
<u>HPHC - HMO- Individual</u>				
Total Monthly Premium Cost	517.19	550.81	33.62	6.50%
Employee Monthly Cost (15%)	51.72	82.62	30.90	
Bi-Weekly Payroll Deduction Amount	25.86	41.31	15.45	
<u>HPHC - POS- Family</u>				
Total Monthly Premium Cost	2,196.55	2,339.33	142.78	6.50%
Employee Monthly Cost (30%)	548.14	701.80	153.66	
Bi-Weekly Payroll Deduction Amount	274.57	350.90	76.33	
<u>HPHC - POS- Individual</u>				
Total Monthly Premium Cost	851.37	906.71	55.34	6.50%
Employee Monthly Cost (30%)	212.84	272.01	59.17	
Bi-Weekly Payroll Deduction Amount	106.42	136.01	29.59	
<u>HPHC - PPO- FAMILY</u>				
Total Monthly Premium Cost	4,044.77	4,307.68	262.91	6.50%
Employee Monthly Cost (30%)	1,011.19	1,292.30	281.11	
Bi-Weekly Payroll Deduction Amount	505.60	646.15	140.55	
<u>HPHC - PPO- Individual</u>				
Total Monthly Premium Cost	1,587.73	1,689.83	102.10	6.50%
Employee Monthly Cost (30%)	391.93	500.89	108.96	
Bi-Weekly Payroll Deduction Amount	195.97	250.45	54.48	

Delta Dental:

DELTA VOLUNTARY ENHANCED Adds a \$1500 annual max effective 7/1/2010

<u>Family</u>				
Total Monthly Premium Cost	97.00	97.00	0.00	0.00%
Employee Monthly Cost (100%)	97.00	97.00		
Bi-Weekly Payroll Deduction Amount	48.50	48.50		
<u>Individual</u>				
Total Monthly Premium Cost	39.00	39.00	0.00	0.00%
Employee Monthly Cost (100%)	39.00	39.00		
Bi-Weekly Payroll Deduction Amount	19.50	19.50		

DELTA PPO PLUS PREMIER New alternative plan effective 7/1/2010

<u>Family</u>				
Total Monthly Premium Cost	0.00	123.00		
Employee Monthly Cost (100%)	0.00	123.00		
Bi-Weekly Payroll Deduction Amount	0.00	61.50		
<u>Individual</u>				
Total Monthly Premium Cost	0.00	48.00		
Employee Monthly Cost (100%)	0.00	48.00		
Bi-Weekly Payroll Deduction Amount	0.00	24.00		

Town of West Bayston
New Health Insurance Premium Rates
Effective July 1, 2010

Harvard Pilgrim HealthCare	Old Premium 2010	New Premium 2011	\$ Change	% Change
<u>HPHC - HMO- Family</u>				
Total Monthly Premium Cost	1,334.37	1,421.10	86.73	6.50%
Employee Monthly Cost (18%)	133.44	255.80	122.36	
Bi-Weekly Payroll Deduction Amou	66.72	127.90	61.18	
<u>HPHC - HMO- Individual</u>				
Total Monthly Premium Cost	517.19	550.81	33.62	6.50%
Employee Monthly Cost (18%)	51.72	99.15	47.43	
Bi-Weekly Payroll Deduction Amou	25.86	49.58	23.72	
<u>HPHC - POS- Family</u>				
Total Monthly Premium Cost	2,196.55	2,339.33	142.78	6.50%
Employee Monthly Cost (35%)	549.14	818.77	269.63	
Bi-Weekly Payroll Deduction Amou	274.57	409.39	134.82	
<u>HPHC - POS- Individual</u>				
Total Monthly Premium Cost	851.37	908.71	55.34	6.50%
Employee Monthly Cost (35%)	212.84	317.35	104.51	
Bi-Weekly Payroll Deduction Amou	106.42	158.68	52.26	
<u>HPHC - PPO- FAMILY</u>				
Total Monthly Premium Cost	4,044.77	4,307.88	262.91	6.50%
Employee Monthly Cost (35%)	1,011.19	1,507.69	496.50	
Bi-Weekly Payroll Deduction Amou	505.60	753.85	248.25	
<u>HPHC - PPO- Individual</u>				
Total Monthly Premium Cost	1,567.73	1,669.63	101.90	6.50%
Employee Monthly Cost (35%)	391.93	584.37	192.44	
Bi-Weekly Payroll Deduction Amou	195.97	292.19	96.22	

Delta Dental:

DELTA VOLUNTARY ENHANC Adds a \$1500 annual max effective 7/1/2010

Family

Total Monthly Premium Cost	97.00	97.00	0.00	0.00%
Employee Monthly Cost (100%)	97.00	97.00		
Bi-Weekly Payroll Deduction Amou	48.50	48.50		

Individual

Total Monthly Premium Cost	39.00	39.00	0.00	0.00%
Employee Monthly Cost (100%)	39.00	39.00		
Bi-Weekly Payroll Deduction Amou	19.50	19.50		

DELTA PPO PLUS PREMIER New alternative plan effective 7/1/2010

Family

Total Monthly Premium Cost	0.00	123.00		
Employee Monthly Cost (100%)	0.00	123.00		
Bi-Weekly Payroll Deduction Amou	0.00	61.50		

Individual

Total Monthly Premium Cost	0.00	48.00		
Employee Monthly Cost (100%)	0.00	48.00		
Bi-Weekly Payroll Deduction Amou	0.00	24.00		

Basic Life Ins

Monthly:	5.40
Bi-weekly:	2.70

**Town of West Boylston
New Health Insurance Premium Rates
Effective July 1, 2010**

		Senior Plans		July 1st through June 30th		2010		2011		2010		2011	
		Old Premium	New Premium	% Change	\$ Change	Old Premium	New Premium	% Change	\$ Change	Old Premium	New Premium	% Change	\$ Change
Harvard Pilgrim HealthCare													
HPHC - HMO - Family													
Total Monthly Premium Cost													
		1,334.37	1,421.10	6.50%	86.73	477.00	505.62		28.62	477.00	505.62		28.62
	Retiree Monthly Cost (18%)	133.44	255.80		122.36	119.25	176.97		57.72	119.25	176.97		57.72
	Retiree Quarterly Cost (18%)	400.32	767.40		367.08	357.75	530.91		173.16	357.75	530.91		173.16
HPHC - HMO - Individual													
Total Monthly Premium Cost													
		517.19	560.81	6.50%	33.62								
	Retiree Monthly Cost (18%)	51.72	98.15		47.43								
	Retiree Quarterly Cost (18%)	155.16	297.45		142.29								
HPHC - POS - Family													
Total Monthly Premium Cost													
		2,186.55	2,339.33	6.50%	142.78	260.00	312.00		52.00	260.00	312.00		52.00
	Retiree Monthly Cost (35%)	549.14	818.77		269.63	26.00	56.16		30.16	26.00	56.16		30.16
	Retiree Quarterly Cost (35%)	1,647.42	2,456.31		808.89	78.00	168.48		90.48	78.00	168.48		90.48
HPHC - POS - Individual													
Total Monthly Premium Cost													
		851.37	906.71	6.50%	55.34	213.00	238.00		25.00	213.00	238.00		25.00
	Retiree Monthly Cost (35%)	212.84	317.35		104.51	21.30	42.84		21.54	21.30	42.84		21.54
	Retiree Quarterly Cost (35%)	638.52	952.05			63.90	128.52		64.62	63.90	128.52		64.62
HPHC - PPO - FAMILY													
Total Monthly Premium Cost													
		4,044.77	4,307.68	6.50%	262.91								
	Retiree Monthly Cost (35%)	1,011.19	1,507.69		496.50								
	Retiree Quarterly Cost (35%)	3,033.57	4,523.07		1,489.50								
HPHC - PPO - Individual													
Total Monthly Premium Cost													
		1,567.73	1,669.63	6.50%	101.90								
	Retiree Monthly Cost (35%)	391.93	584.37		192.44								
	Retiree Quarterly Cost (35%)	1,175.79	1,753.11		577.32								
Delta Dental:													
Family													
Total Monthly Premium Cost													
		97.00	97.00	0.00%	0.00	39.00	39.00		0.00	39.00	39.00		0.00%
	Retiree Monthly Cost (100%)	97.00	97.00	0.00%	0.00	39.00	39.00		0.00	39.00	39.00		0.00%
	Quarterly Billing	291.00	291.00	0.00%	0.00	117.00	117.00		0.00	117.00	117.00		0.00%
Individual													
Total Monthly Premium Cost													
		97.00	97.00	0.00%	0.00	39.00	39.00		0.00	39.00	39.00		0.00%
	Retiree Monthly Cost (100%)	97.00	97.00	0.00%	0.00	39.00	39.00		0.00	39.00	39.00		0.00%
	Quarterly Billing	291.00	291.00	0.00%	0.00	117.00	117.00		0.00	117.00	117.00		0.00%
Delta Dental:													
Family													
Total Monthly Premium Cost													
		0.00	123.00			0.00	48.00			0.00	48.00		
	Employee Monthly Cost (100%)	0.00	123.00			0.00	48.00			0.00	48.00		
	Quarterly Billing	0.00	369.00			0.00	144.00			0.00	144.00		