

Town of Concord  
Concord-Carlisle Regional School District

**Employees' Group Health Insurance Rates**  
*Effective 06/01/2009*  
*(Payroll deductions change as of May 2009)*

*Please note that to be eligible for coverage under any one of these plans, the employee and covered family members must live in the service area defined by that plan. If you move, you must contact the Human Resource Office to record your address change and discuss how your move might affect your coverage options. To find out about the insurance option available to people who are ineligible for coverage under any of the plans listed here, please contact the Human Resource Office at 978.318.1542.*

<b>➤ FAMILY PLANS</b>	<b>Tufts POS</b>	<b>Tufts EPO</b>	<b>Harvard Pilgrim EPO</b>	<b>Fallon SelectCare</b>	<b>Fallon DirectCare</b>
<b>Monthly Premium</b>	\$2,917.00	\$1,522.00	\$1,476.00	\$1,319.00	\$1,252.00
Town Share	(50%) \$1,458.50	(52%) \$791.44	(55%) \$811.80	(50%) \$659.50	(50%) \$626.00
Employee Share	(50%) \$1,458.50	(48%) \$730.56	(45%) \$664.20	(50%) \$659.50	(50%) \$626.00
<b>Biweekly Payroll Deduction</b>	<b>\$729.25</b>	<b>\$365.28</b>	<b>\$332.10</b>	<b>\$329.75</b>	<b>\$313.00</b>
Dollar Change in Deduction	+ \$21.25	+ \$20.64	+ \$21.83	+ \$12.75	+ \$12.00

<b>➤ INDIVIDUAL PLANS</b>	<b>Tufts POS</b>	<b>Tufts EPO</b>	<b>Harvard Pilgrim EPO</b>	<b>Fallon SelectCare</b>	<b>Fallon DirectCare</b>
<b>Monthly Premium</b>	\$1,106.00	\$560.00	\$568.00	\$494.00	\$467.00
Town Share	(50%) \$553.00	(61%) \$341.60	(63%) \$357.84	(50%) \$247.00	(50%) \$233.50
Employee Share	(50%) \$553.00	(39%) \$218.40	(37%) \$210.16	(50%) \$247.00	(50%) \$233.50
<b>Biweekly Payroll Deduction</b>	<b>\$276.50</b>	<b>\$109.20</b>	<b>\$105.08</b>	<b>\$123.50</b>	<b>\$116.75</b>
Dollar Change in Deduction	+ \$8.00	+ \$6.24	+ \$6.85	+ \$4.75	+ \$4.50

Town of Concord  
Concord-Carlisle Regional School District

**Employees' Group Health Insurance Rates**  
**Rate Saver Plan**  
*Effective 06/01/2009*  
*(Payroll deductions change as of May 2009)*

*Please note that to be eligible for coverage under any one of these plans, the employee and covered family members must live in the service area defined by that plan. If you move, you must contact the Human Resource Office to record your address change and discuss how your move might affect your coverage options. To find out about the insurance option available to people who are ineligible for coverage under any of the plans listed here, please contact the Human Resource Office at 978.318.1542.*

➤ **FAMILY PLANS**

	<b>Tufts EPO Rate Saver</b>	<b>Harvard Pilgrim EPO Rate Saver</b>	<b>Fallon SelectCare Rate Saver</b>	<b>Fallon DirectCare Rate Saver</b>
<b>Monthly Premium</b>	\$1,370.00	\$1,328.00	\$1,187.00	\$1,127.00
Town Share	(52%) \$712.40	(55%) \$730.40	(50%) \$593.50	(50%) \$563.50
Employee Share	(48%) \$657.60	(45%) \$597.60	(50%) \$593.50	(50%) \$563.50
<b>Biweekly Payroll Deduction</b>	<b>\$328.80</b>	<b>\$298.80</b>	<b>\$296.75</b>	<b>\$281.75</b>
<b>Difference From Basic Plans Bi-weekly</b>	(\$36.48)	(\$33.30)	(\$33.00)	(\$31.25)

➤ **INDIVIDUAL PLANS**

	<b>Tufts EPO Rate Saver</b>	<b>Harvard Pilgrim EPO Rate Saver</b>	<b>Fallon SelectCare Rate Saver</b>	<b>Fallon DirectCare Rate Saver</b>
<b>Monthly Premium</b>	\$504.00	\$511.00	\$445.00	\$420.00
Town Share	(61%) \$307.44	(63%) \$321.94	(50%) \$222.50	(50%) \$210.00
Employee Share	(39%) \$196.56	(37%) \$189.06	(50%) \$222.50	(50%) \$210.00
<b>Biweekly Payroll Deduction</b>	<b>\$ 98.28</b>	<b>\$ 94.53</b>	<b>\$111.25</b>	<b>\$105.00</b>
<b>Difference From Basic Plans Bi-weekly</b>	(\$10.92)	(\$10.55)	(\$12.25)	(\$11.75)