

Town of Concord
Concord-Carlisle Regional School District
Employees' Group Health Insurance Rates

*Effective 06/01/2008
(Payroll deductions change as of May 2008)*

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	Tufts POS	Tufts EPO	Harvard Pilgrim EPO	Fallon SelectCare	Fallon DirectCare
Monthly Premium	\$2,832.00	\$1,436.00	\$1,379.00	\$1,268.00	\$1,204.00
Town Share	(50%) \$1,416.00	(52%) \$746.72	(55%) \$758.46	(50%) \$634.00	(50%) \$602.00
Employee Share	(50%) \$1,416.00	(48%) \$689.28	(45%) \$620.54	(50%) \$634.00	(50%) \$602.00
Biweekly Payroll Deduction	\$708.00	\$344.64	\$310.27	\$317.00	\$301.00

➤ INDIVIDUAL PLANS	Tufts POS	Tufts EPO	Harvard Pilgrim EPO	Fallon SelectCare	Fallon DirectCare
Monthly Premium	\$1,074.00	\$528.00	\$531.00	\$475.00	\$449.00
Town Share	(50%) \$537.00	(61%) \$322.08	(63%) \$334.54	(50%) \$237.50	(50%) \$224.50
Employee Share	(50%) \$537.00	(39%) \$205.92	(37%) \$196.46	(50%) \$237.50	(50%) \$224.50
Biweekly Payroll Deduction	\$268.50	\$102.96	\$ 98.23	\$118.75	\$112.25

➤ DENTAL PLAN (Effective 12/1/08)	Guardian Family	Guardian Individual
Monthly Premium	\$126.92	\$44.72
Town Share	(50%) \$ 63.46	(50%) \$22.36
Employee Share	(50%) \$ 63.46	(50%) \$22.36
Biweekly Payroll Deduction	\$ 31.73	\$ 11.18