



MetLife



**Harvard Pilgrim
Health Care**

BRIDGEWATER-RAYNHAM REGIONAL SCHOOL DISTRICT

PREMIUM RATES FOR HEALTH AND DENTAL INSURANCE

EFFECTIVE DATE: JULY 1, 2018

| Plan Type | Total Cost of Premium per Month | EE Monthly 25% Premium Cost | Full Year EE Bi-Weekly Deduction | Academic Year EE Bi-Weekly Deduction |
|--|---------------------------------|-----------------------------|----------------------------------|--------------------------------------|
| HMO | | | | |
| Individual | \$898.00 | \$224.50 | \$112.25 | \$134.70 |
| Family | \$2,322.46 | \$580.62 | \$290.31 | \$348.38 |
| PPO | | | | |
| Individual | \$1,128.65 | \$282.17 | \$141.09 | \$169.31 |
| Family | \$2,918.84 | \$729.71 | \$364.86 | \$437.83 |
| MEDICARE ENHANCE (Retirees Only) | \$356.80 | \$89.20 | N/A | N/A |
| Medicare Enhance Cost Share increase to 75% ~ 25% effective July 1, 2018 with no plan design changes | | | | |
| Dental | | | | |
| Individual | \$ 54.12 | \$54.12 | \$27.06 | \$32.47 |
| Family | \$ 119.29 | \$119.29 | \$59.65 | \$71.57 |