



**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
<b>HMO</b>				
Individual	\$898.00	\$224.50	\$112.25	\$134.70
Family	\$2,322.46	\$580.62	\$290.31	\$348.38
<b>PPO</b>				
Individual	\$1,128.65	\$282.17	\$141.09	\$169.31
Family	\$2,918.84	\$729.71	\$364.86	\$437.83
<b>MEDICARE ENHANCE (Retirees Only)</b>	\$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				
<b>Dental</b>				
Individual	\$ 54.12	\$54.12	\$27.06	\$32.47
Family	\$ 119.29	\$119.29	\$59.65	\$71.57