



**TOWN OF WESTPORT**  
816 Main Road  
Westport, Massachusetts 02790

TEL. (508) 636-1007  
FAX (508) 636-1142

*Office of the Treasurer*

**HEALTH INSURANCE RATES EFFECTIVE 7/1/14 – 6/30/15**

	<u>FULL AMOUNT</u>	<u>TOWN SHARE</u>	<u>EMPLOYEE MONTHLY</u>	<u>BI-WEEKLY</u>	<u>SCHOOL YEAR</u>
HMO BLUE -					
IND	\$689.00/month	\$417.54/month	\$271.46	\$135.73	\$203.60
FAMILY	\$1,804.00/month	\$1,060.76/month	\$743.24	\$371.62	\$557.43
BLUE CARE ELECT - (PPO)					
IND	\$1,058.00/month	\$529.00/month	\$529.00	\$264.50	\$396.75
FAMILY	\$2,631.00/month	\$1,315.50/month	\$1,315.50	\$657.75	\$986.63
RETIREES:					
HMO – Individual	\$689.00/month	\$344.50/month	\$344.50		
HMO – Family	\$1,804.00/month	\$902.00/month	\$902.00		
MEDEX with OBRA	\$420.00/month	\$210.00/month	\$210.00		
MANAGED BLUE FOR SENIORS	\$399.89/month	\$199.95/month	\$199.94		