

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 7/1/15 - 6/30/16

		FULL AMOUNT	TOWN SHARE	EMPLOYEE MONTHLY	BI-WEEKLY	SCHOOL YEAR
HMO BLUE -						
	IND	\$710.00/month	\$430.26/month	\$279.74	\$139.87	\$209.81
	FAMILY	\$1,858.00/month	\$1,092.50/month	\$765.50	\$382.75	\$574.13
BLUE CAR	E ELECT -	1				
(PPO)	IND	\$1,090.00/month	\$545.00/month	, \$545.00	\$272.50	\$408.75
	FAMILY	\$2,710.00/month	\$1,355.00/month	\$1,355.00	\$677.50	\$1,016.25
RETIREES:						
HMO – Individual HMO – Family		\$710.00/month \$1,858.00/month	\$355.00/month \$929.00/month	\$355.00 \$929.00	·	
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HEALTH INSURANCE RATES EFFECTIVE 7/1/15 -- 12/31/15

MEDEX with OBRA	\$318.83/month	\$159.42/month	\$159.41
MANAGED BLUE	\$269.90/month	\$134.95/month	\$134.95