

WOBURN PUBLIC SCHOOLS
HEALTH AND DENTAL CARE PLANS

COBRA RATES EFFECTIVE 7/1/2004

<u>HEALTH PLAN</u>	<u>INSURANCE AMOUNT</u>	<u>ADMINISTRATION FEE 2%</u>	<u>TOTAL PER MONTH</u>
<u>HMO BLUE</u>			
<u>FAMILY</u>	\$1,005.94	\$20.12	\$1,026.06
<u>SINGLE</u>	\$ 378.18	\$ 7.56	\$ 385.74
<u>BLUE CARE ELECT PREFERRED</u>			
<u>FAMILY</u>	\$1,310.19	\$26.20	\$1,336.39
<u>SINGLE</u>	\$ 527.69	\$10.55	\$ 538.24
<u>VIP 2000</u>			
<u>FAMILY</u>	\$1,457.00	\$29.14	\$1,486.14
<u>INDIVIDUAL</u>	\$ 587.40	\$11.75	\$ 599.15
<u>PREMIER DELTA DENTAL PLAN</u>			
<u>FAMILY</u>	\$64.00	\$1.28	\$65.28
<u>INDIVIDUAL</u>	\$25.00	\$.50	\$25.50