

WOBURN PUBLIC SCHOOLS
HEALTH AND DENTAL PLANS

July 1, 2004

TO: All Employees
 RE: Health Care and Dental Plan Deductions

Payroll Deductions will be as follows:

<u>Plan</u>	<u>Annual Cost</u>	<u>Employee Share</u>	<u>Per Pay Period</u>			
			<u>22</u>	<u>26</u>	<u>42</u>	<u>52</u>
<u>HMO BLUE</u>		<u>Employee Share (10%)</u>				
Individual	\$4,538.16	\$453.82	20.63	17.45	10.81	8.73
Family	\$12,071.28	\$1,207.13	54.87	46.43	28.74	23.21
<u>BLUE CARE ELECT</u>		<u>Employee Share (25%)</u>				
<u>PREFERRED</u>						
Individual	\$6,332.28	\$1,583.07	71.96	60.89	37.69	30.44
Family	\$15,722.28	\$3,930.57	178.66	151.18	93.59	75.59
<u>DELTA DENTAL</u>		<u>Employee Share (100%)</u>				
<u>PREMIER</u>						
Individual	\$300.00	\$300.00	13.64	11.54	7.14	5.77
Family	\$768.00	\$768.00	34.91	29.54	18.29	14.77