

Health and Dental Plan Rates effective January 1, 2008

Full-time Employees	Your Monthly Contribution	Your Weekly Contribution
Harvard Pilgrim PPO		
Individual	\$155.44	\$38.86
Family	\$404.16	\$101.04
Harvard Pilgrim HMO		
Individual	\$115.80	\$28.95
Family	\$301.08	\$75.27
Delta Dental Premier Plan		
Individual	\$11.52	\$2.88
Family	\$34.88	\$8.72
Delta Care Dental Plan		
Individual	\$10.16	\$2.54
Family	\$25.12	\$6.28

Part-time Employees (24 to 30 hrs/wk)	Your Monthly Contribution	Your Weekly Contribution
Harvard Pilgrim PPO		
Individual	\$217.64	\$54.41
Family	\$565.80	\$141.45
Harvard Pilgrim HMO		
Individual	\$162.12	\$40.53
Family	\$421.48	\$105.37
Delta Dental Premier Plan		
Individual	\$ 14.80	\$ 3.70
Family	\$44.84	\$11.21
Delta Care Dental Plan		
Individual	\$ 13.08	\$ 3.27
Family	\$32.28	\$ 8.07