

**TOWN OF FOXBOROUGH  
HEALTH INSURANCE RATES  
SEPTEMBER 1, 2017 - AUGUST 31, 2018**

	<u>Monthly</u>	<u>26 Weeks</u>	<u>20 Weeks</u>
<b>MIIA PPO</b>			
Family Membership			
<b>Subscriber</b>	<b>1,208.35</b>	557.70	725.01
Town	<u>1,208.35</u>		
<b>TOTAL</b>	<b>2,416.70</b>		
Individual Membership			
<b>Subscriber</b>	<b>467.39</b>	215.72	280.43
Town	<u>467.39</u>		
<b>TOTAL</b>	<b>934.78</b>		
<b>MIIA HMO -Blue NE</b>			
Family Membership			
<b>Subscriber</b>	<b>594.17</b>	274.23	356.50
Town	<u>1,386.39</u>		
<b>TOTAL</b>	<b>1,980.56</b>		
Individual Membership			
<b>Subscriber</b>	<b>229.80</b>	106.06	137.88
Town	<u>536.20</u>		
<b>TOTAL</b>	<b>766.00</b>		
<b>MIIA HMO -Blue Select</b>			
Family Membership			
<b>Subscriber</b>	<b>552.58</b>	255.04	331.55
Town	<u>1,289.34</u>		
<b>TOTAL</b>	<b>1,841.92</b>		
Individual Membership			
<b>Subscriber</b>	<b>213.71</b>	98.64	128.23
Town	<u>498.67</u>		
<b>TOTAL</b>	<b>712.38</b>		

**ALTUS DENTAL**

	<b>Monthly</b>	<b>24 Weeks</b>	<b>20 Weeks</b>
<b>HIGH PLAN</b>			
Single	45.88	22.94	27.53
Family	116.96	58.48	70.18
<b>LOW PLAN</b>			
Single	23.67	11.84	14.21
Employee plus one	48.94	24.47	29.37
Family	73.44	36.72	44.07