	52 PAY WEEKLY	42 PAY WEEKLY	40% EMPLOYEE	60% TOWN	100% CONTRIBUTION	EMPLOYEE
PLAN	RATE	RATE	MONTHLY	MONTHLY	(COBRA amount)	YEARLY
HMO SINGLE	\$85.87	\$106.31	\$372.07	\$558.10	\$930.17	\$4,464.84
PPO SINGLE	\$108.61	\$134.48	\$470.66	\$705.98	\$1,176.64	\$5,647.92
HMO FAMILY	\$211.18	\$261.47	\$915.13	\$1,372.70	\$2,287.83	\$10,981.56
PPO FAMILY	\$258.23	\$319.71	\$1,118.98	\$1,678.48	\$2,797.46	\$13,427.76
MEDEX (retirees)			\$138.00	\$207.00	\$345.00	\$1,656.00
		MEDEX ONLY	AS OF 1/1/22	AS OF 1/1/22	AS OF 1/1/22	AS OF 1/1/22
			50%	50%	100%	YEARLY
DENTAL SINGLE	\$4.75	\$5.89	\$20.60	\$20.60	\$41.20	\$247.20
DENTAL FAMILY	\$11.77	\$14.57	\$50.99	\$50.99	\$101.97	\$611.88
			45%	55%	100%	YEARLY
LIFE INSURANCE	\$0.71	\$0.88	\$3.08	\$3.77	\$6.85	\$36.96
LIFE INS (retirees)			\$3.05	\$3.71	\$6.76	\$36.60

TOWN GROUP #s					
РРО	2345593				
НМО	4000729				
MEDEX	502223739				
DENTAL	2314544				

SCHOOL GROUP #s					
PPO	2345592				
НМО	4055151				
MEDEX	502325129				
DENTAL	2314543				