

ATTACHMENT A

**A RESOLUTION ACCEPTING STAFF'S RECOMMENDATION
FOR HEALTH INSURANCE COVERAGE
Resolution No. 153/2003-04**

BE IT RESOLVED that the Town of Carrboro Board of Aldermen accepts staff's recommendation for health insurance for fiscal year 2004-05.

This the _____ day of _____, 2004.

ATTACHMENT B

**HEALTH INSURANCE RATES
EFFECTIVE JULY 1, 2004**

WellPath Community Health Plans

Renewal Rate for Current Plan		
	Premium	Employee Pays
Individual	\$262.48	\$ -0-
Employee + 1	564.34	150.93/mo.
Family	748.08	242.80/mo.

Plan Benefit Summary

\$15 primary care physician; \$30 specialist

\$10/20/45 prescription drugs

Inpatient hospital & outpatient surgery covered at 90%

\$10 copay/12 months + \$100/24 months vision allowance