FY2017 EMPLOYEE RATES - MIIA PLANS

Effective July 1, 2016

		Full Monthly Premium	Employee Percentage	Employee Monthly Premium (Rounded)	PAYCHECK DEDUCTION Weekly	PAYCHECK DEDUCTION Bi-Weekly
HMO: Network Blue New England Value Plus						
'WSHG Ratesaver Equivalent"						
	Single	$ 761.92	21%	$160	$40.00	$80.00
			30%	$229	$57.25	$114.50
	Family	$ 2,000.93	28%	$560	$140.00	$280.00
			30%	$600	$150.00	$300.00
HMO: Network Blue New England Deductible Plan						
"GIC (2015) Benchmark Plan Equivalent with $250/$750 Deductible"						
	Single	$ 706.14	21%	$148	$37.00	$74.00
			30%	$212	$53.00	$106.00
	Family	$ 1,854.43	28%	$519	$129.75	$259.50
			30%	$556	$139.00	$278.00
PPO: Blue Care Elect Preferred (PPO)						
"Traditional PPO"						
	Single	$ 944.79	50%	$472	$118.00	$236.00
			50%	$472	$118.00	$236.00
	Family	$ 2,481.14	50%	$1,241	$310.25	$620.50
			50%	$1,241	$310.25	$620.50

FY 2016 (CURRENT YEAR) WEST SUBURBAN RATES

Effective 7/1/2015
Sr plans effective 1/1/2015

HMO PLANS

			FY16 Full Monthly Premium	% Emp	FY16 Monthly Premium (Rounded)	FY15 Monthly Premium Employee	% Increase (Decrease)	FY16 PAYCHECK DEDUCTION Weekly	Bi-Weekly
PREFERRED PROVIDER PLANS									
Harvard/Pilgrim PPO	Single.		2,268.00	50.00%	1,134.00	945.00	20.00%	283.50	567.00
	Family		5,036.00	50.00%	2,518.00	2,099.00	19.96%	629.50	1,259.00
RATE SAVER HMO PLANS									
Tufts EPO	Single		797.00	21.00%	167.00	154.00	8.44%	41.75	83.50
				30.00%	239.00	220.00	8.64%	59.75	119.50
	Family		2,088.00	28.00%	585.00	538.00	8.74%	146.25	292.50
				30.00%	626.00	577.00	8.49%	156.50	313.00
Harvard/Pilgrim - EPO	Single		736.00	21.00%	155.00	135.00	14.81%	38.75	77.50
				30.00%	221.00	194.00	13.92%	55.25	110.50
	Family		1,918.00	28.00%	537.00	471.00	14.01%	134.25	268.50
				30.00%	575.00	505.00	13.86%	143.75	287.50
Network Blue	Single		843.00	21.00%	177.00	155.00	14.19%	44.25	88.50
				30.00%	253.00	222.00	13.96%	63.25	126.50
	Family		2,261.00	28.00%	633.00	556.00	13.85%	158.25	316.50
				30.00%	678.00	595.00	13.95%	169.50	339.00
Fallon	Single	Select	611.00	21.00%	128.00	116.00	10.34%	32.00	64.00
				30.00%	183.00	165.00	10.91%	45.75	91.50
	Family	Select	1,647.00	28.00%	461.00	415.00	11.08%	115.25	230.50
				30.00%	494.00	445.00	11.01%	123.50	247.00
	Single	Direct	570.00	21.00%	120.00	108.00	11.11%	30.00	60.00
				30.00%	171.00	154.00	11.04%	42.75	85.50
	Family	Direct	1,531.00	28.00%	429.00	386.00	11.14%	107.25	214.50
				30.00%	459.00	413.00	11.14%	114.75	229.50

FY 2016 (CURRENT YEAR) WEST SUBURBAN RATES

Effective 1/1/2015

SENIOR PLANS

Medicare Supplement Plans		FY15 Full Monthly Premium	% Emp	FY15 Monthly Premium (Rounded)	FY14 Monthly Premium Employee	% Increase (Decrease)	Towns Share	
BCBS Medex	Calend	340.00	50.00%	170.00	156.00	8.97%	170.00	Portable
Managed Blue for Seniors	Calend	295.63	50.00%	148.00	134.00	10.45%	147.63	
Harvard Medicare Enhanced	Calend	328.33	50.00%	164.00	164.00	0.00%	164.33	Portable
Tufts Medicare Plus	Calend	330.00	50.00%	165.00	160.00	3.13%	165.00	Portable
Medicare Advantage Plans								
Tufts Medicare Preferred	Calend	262.00	50.00%	131.00	126.00	3.97%	131.00	
Fallon Senior Plan	Calend	299.00	50.00%	150.00	139.00	7.91%	149.00	