West Boylston Renewal Costs for FY12 + 9.5%

Based on new contribution shares effective July 1, 2011 - Note: excludes new hires @ 70%/30%!

Plan		Full Monthly Rates Ind	Full Monthly Rates Fam	Monthly Premium	Annual Premium	Town's Share Ind	Town's Share Fam	Monthly Premium	Annual Premium	Employee Share Ind	Employee Share Fam	Monthly Premium	Annual Premium
Active & Non-Medicare Retirees													
HPHC POS		**$ 992.85**	**$ 2,561.57**	$ 7,109	$ 85,306	**$ 595.71**	**$ 1,536.94**	$ 4,265	$ 51,184	**$ 397.14**	**$ 1,024.63**	$ 2,844	$ 34,122
	#	2	2			2	2			2	2		
HPHC PPO		**$ 1,828.24**	**$ 4,716.91**	$ 1,828	$ 21,939	**$ 1,096.94**	**$ 2,830.15**	$ 1,097	$ 13,163	**$ 731.30**	**$ 1,886.76**	$ 731	$ 8,776
	#	1	0			1	0			1	0		
HPHC HMO		**$ 603.14**	**$ 1,556.10**	$ 270,713	$ 3,248,558	**$ 482.51**	**$ 1,244.88**	$ 216,571	$ 2,598,847	**$ 120.63**	**$ 311.22**	$ 54,143	$ 649,712
	#	67	148			67	148			67	148		
Medicare Retirees													
HPHC Med Enhance		**$ 473.90**		$ 28,434	$ 341,208	**$ 284.34**		$ 17,060	$ 204,725	**$ 189.56**		$ 11,374	$ 136,483
	#	60				60				60			
Fal Sr HMO		**$ 267.00**		$ 16,287	$ 195,444	**$ 213.60**		$ 13,030	$ 156,355	**$ 53.40**		$ 3,257	$ 39,089
	#	61				61				61			
THP TMP HMO		**$ 247.50**		$ 2,228	$ 26,730	**$ 198.00**		$ 1,782	$ 21,384	**$ 49.50**		$ 446	$ 5,346
	#	9				9				9			
					$ 3,919,185				**$ 3,045,658**				**$ 873,528**

*Contributions:

Plan	Effective July 1, 2011 Town/School	Employee/Retiree
HPHC POS	**60%**	**40%**
HPHC PPO	**60%**	**40%**
HPHC HMO	**80%**	**20%**
HPHC Enh	**60%**	**40%**
Fal Sr HMO	**80%**	**20%**
THP TMP HMO	**80%**	**20%**