

Town of West Boylston

GIC Plan Options - Current contribution cost basis

<u>Plan</u>	<u>Enrollment</u>	<u>Full Monthly Rate 7/1/11</u>	<u>Monthly Premium</u>	<u>Town Share</u>	<u>Member Share</u>	<u>Member Monthly Rate</u>	
Fallon Direct Care - IND	0	\$447.79	\$0	80.0%	20.0%	\$89.56	
Fallon Direct Care - FAM	0	\$1,074.68	\$0	\$0	\$0	\$214.94	
Fallon Select Care - IND	0	\$554.00	\$0	80.0%	20.0%	\$110.80	
Fallon Select Care - FAM	0	\$1,329.57	\$0	\$0	\$0	\$265.91	
Neighborhood Health Plan - IND	0	\$448.00	\$0	80.0%	20.0%	\$89.60	HMO
Neighborhood Health Plan - FAM	0	\$1,187.19	\$0	\$0	\$0	\$237.44	
Health New England - IND	0	\$437.21	\$0	80.0%	20.0%	\$87.44	
Health New England - FAM	0	\$1,083.79	\$0	\$0	\$0	\$216.76	
HPHC Primary Choice - IND	0	\$522.29	\$0	80.0%	20.0%	\$104.46	
HPHC Primary Choice - FAM	0	\$1,274.39	\$0	\$0	\$0	\$254.88	
Tufts Spirit - IND	0	\$472.28	\$0	80.0%	20.0%	\$94.46	
Tufts Spirit - FAM	0	\$1,151.67	\$0	\$0	\$0	\$230.33	
HPHC Independence Plan - IND	0	\$652.86	\$ -	60.0%	40.0%	\$261.14	
HPHC Independence Plan - FAM	0	\$1,592.99	\$ -	\$ -	\$ -	\$637.20	
Tufts Navigator - IND	0	\$590.34	\$0	60.0%	40.0%	\$236.14	PPO
Tufts Navigator - FAM	0	\$1,439.59	\$0	\$0	\$0	\$575.84	
Unicare State Indemnity Plus - IND	0	\$580.98	\$0	60.0%	40.0%	\$232.39	
Unicare State Indemnity Plus - FAM	0	\$1,386.67	\$0	\$0	\$0	\$554.67	
Unicare State Indemnity CC - IND	0	\$442.32	\$0	60.0%	40.0%	\$176.93	
Unicare State Indemnity CC - FAM	0	\$1,061.55	\$0	\$0	\$0	\$424.62	
Unicare State Indemnity Basic - IND	0	\$826.87	\$0	60.0%	40.0%	\$330.75	Indemn.
Unicare State Indemnity Basic - FAM	0	\$1,931.04	\$0	\$0	\$0	\$772.42	
Unicare State Indemnity Basic w/CIC - IND	0	\$866.87	\$0	60.0%	40.0%	\$346.75	
Unicare State Indemnity Basic w/CIC - FAM	0	\$2,023.82	\$0	\$0	\$0	\$809.53	
Fallon Senior Plan	0	\$264.54	\$0	80.0%	20.0%	\$52.91	
NHP MediPlan	0	\$359.59	\$0	80.0%	20.0%	\$71.92	
Tufts Medicare Complement	0	\$383.91	\$0	80.0%	20.0%	\$76.78	HMO
Tufts Medicare Preferred	0	\$258.79	\$0	80.0%	20.0%	\$51.76	
HPHC Enhance	0	\$383.60	\$0	60.0%	40.0%	\$153.44	
Unicare State Indemnity OME	0	\$346.94	\$0	60.0%	40.0%	\$138.78	
Unicare State Indemnity OME/CIC	0	\$357.64	\$0	60.0%	40.0%	\$143.06	Indemn.