M I I A / B C B S FY15 Health Insurance Rates - Effective July 1, 2014

ACTIVE EMPLOYEE / NON-MEDICARE ENROLLMENT:

PLAN 90% / 10%		Year Total	Year 90/Town	Year 10/Employee	Month Total	Month 90/Town	Month 10/Employee	Pay Schedule 52wk	Pay Schedule 21wk	Pay Schedule 39wk
HMO Blue NE Options v.4	Indiv	$ 6,952.92	$ 6,257.63	$ 695.29	$ 579.41	$ 521.47	$ 57.94	$ 13.37	$ 33.11	$ 17.83
								Town $120.34	Town $297.98	Town $160.45
	Fam	$ 18,237.48	$16,413.73	$ 1,823.75	$ 1,519.79	$ 1,367.81	$ 151.98	$ 35.07	$ 86.85	$ 46.76
								Town $315.65	Town $781.61	Town $420.86
PPO Blue Care Elect	Indiv	$ 7,642.68	$ 6,878.41	$ 764.27	$ 636.89	$ 573.20	$ 63.69	$ 14.70	$ 36.39	$ 19.60
								Town $132.28	Town $327.54	Town $176.37
	Fam	$ 20,046.72	$18,042.05	$ 2,004.67	$ 1,670.56	$ 1,503.50	$ 167.06	$ 38.55	$ 95.46	$ 51.40
								Town $346.96	Town $859.15	Town $462.62

PLAN 85% / 15%		Year Total	Year 85/Town	Year 15/Employee	Month Total	Month 85/Town	Month 15/Employee	Pay Schedule 52wk	Pay Schedule 21wk	Pay Schedule 39wk
HMO Blue NE ENHANCED	Indiv	$ 7,296.24	$ 6,201.80	$ 1,094.44	$ 608.02	$ 516.82	$ 91.20	$ 21.05	$ 52.12	$ 28.06
								Town $119.27	Town $295.32	Town $159.02
	Fam	$ 19,137.84	$16,267.16	$ 2,870.68	$ 1,594.82	$ 1,355.60	$ 239.22	$ 55.21	$ 136.70	$ 73.61
								Town $312.83	Town $774.63	Town $417.11

RETIRED EMPLOYEE with MEDICARE ENROLLMENT:

PLAN 90% / 10%		Year Total	Year 90/Town	Year 10/Employee	Month Total	Month 90/Town	Month 10/Employee
Medex 2	Indiv	$ 3,321.36	$ 2,989.22	$ 332.14	$ 276.78	$ 249.10	$ 27.68
w/ PDP	x	x	x	x	x	x	
Mg'd Blue Srs	Indiv	$ 2,887.44	$ 2,598.70	$ 288.74	$ 240.62	$ 216.56	$ 24.06
w/ PDP	x	x	x	x	x	x	
Medicare PPO	Indiv	$ 2,346.84	$ 2,112.16	$ 234.68	$ 195.57	$ 176.01	$ 19.56
	x	x	x	x	x	x	

KEY:

Indiv: Individual Plan
Fam: Family Plan

PPO: Preferred Provider Organization
HMO: Health Maintenance Organization
PDP: Prescription Drug Plan

updated
3/14