

Chart 1
Monthly Insurance Rates For Active Employee
Basic Life, Health Insurance Coverage (Non-Medicare Plans), and Dental/Vision Coverage
Rates For Monthly Payroll Deduction, and Direct Payment Purposes
Effective For The Premium Due August 1, 2009

Type Of Coverage			Premium Amount To Be Deducted on Payroll					
	Old 15% premium paid by ees hired		Premium For Active Employees				Full Cost Premium	
			For Employees Hired On or before June 30, 2003		For Employees Hired After June 30, 2003			
Basic Life \$5,000 Coverage Only	\$1.03		\$1.37		\$1.71		\$6.85	
Health Plan Costs (Including Basic Life \$5,000 Insurance)	Individual Coverage	Family Coverage	Individual Coverage	Family Coverage	Individual Coverage	Family Coverage	Individual Coverage	Family Coverage
Fallon Community Health Plan-Direct Care	\$61.69	\$146.61	\$82.25	\$195.48	\$102.81	\$244.35	\$411.25	\$977.41
Fallon Community Health Plan-Select Care	74.58	177.56	99.44	236.74	124.30	295.92	497.21	1,183.70
Harvard Pilgrim Independence Plan	79.71	191.46	106.28	255.28	132.85	319.09	531.41	1,276.38
Health New England	65.48	160.79	87.31	214.39	109.13	267.98	436.54	1,071.93
Navigator by Tufts Health Plan	78.63	188.02	104.84	250.69	131.05	313.36	524.21	1,253.44
NHP Care (Neighborhood Health Plan)	63.35	166.18	84.46	221.56	105.58	276.95	422.31	1,107.82
UniCare State Indemnity Plan/Basic with CIC	145.88	338.74	182.70	424.27	219.53	509.80	771.88	1,792.75
UniCare State Indemnity Plan/Basic without CIC	110.47	256.59	147.29	342.12	184.12	427.65	736.47	1,710.60
UniCare State Indemnity Plan/Community Choice	62.52	148.60	83.36	198.13	104.19	247.66	416.78	990.66
UniCare State Indemnity Plan/PLUS	80.63	191.00	107.51	254.67	134.38	318.33	537.54	1,273.33

CIC: Catastrophic Illness Coverage

Individual CIC:\$35.41/month

Family CIC: \$82.15/month

The CIC, when elected by an employee, is entirely paid by the employee.