

## NEW SETTLED PLAN DESIGN - OCTOBER 2016

Blue Care Elect Preferred (PPO) - \$40PCP/\$50SP IN/20% co-insurance after deductible OON (PCP & SP), \$10/\$30/\$60 Ret Rx; \$25/\$75/\$180 MO Rx

Network Blue New England - \$20/\$30/\$40PCP/\$50SP, \$10/\$30/\$60 Ret Rx; \$25/\$75/\$180 MO Rx

City of Worcester Advantage - \$20&\$25PCP/\$40&\$50, \$10/\$30/\$60 Ret Rx; \$25/\$75/\$180 MO Rx

City of Worcester Direct - \$20PCP/\$35SP, \$10/\$30/\$60 Ret Rx; \$25/\$75/\$180 MO Rx

	Monthly Premium	City Share %	Monthly City Share	Monthly Employee Share	Weekly Deduction	Bi-Weekly Deduction	Semi Monthly Deduction	COBRA RATES
<b>BCBS Blue Care Elect Preferred (PPO) - For out of New England members only</b>								
Individual	\$814.80	75%	\$611.10	\$203.70	\$47.01	\$94.02	\$101.85	\$831.10
Family	\$2,106.80	75%	\$1,580.10	\$526.70	\$121.55	\$243.09	\$263.35	\$2,148.94
<b>BCBS Network Blue New England</b>								
Individual	\$750.31	75%	\$562.73	\$187.58	\$43.29	\$86.57	\$93.79	\$765.32
Family	\$1,939.82	75%	\$1,454.87	\$484.96	\$111.91	\$223.83	\$242.48	\$1,978.62
<b>City of Worcester - DIRECT - HMO</b>								
Individual	\$509.75	75%	\$382.31	\$127.44	\$29.41	\$58.82	\$63.72	\$519.95
Family	\$1,295.19	75%	\$971.39	\$323.80	\$74.72	\$149.45	\$161.90	\$1,321.09
<b>City of Worcester Advantage - HMO</b>								
Individual	\$636.74	75%	\$477.56	\$159.19	\$36.74	\$73.47	\$79.59	\$649.47
Family	\$1,580.91	75%	\$1,185.68	\$395.23	\$91.21	\$182.41	\$197.61	\$1,612.53
<b>Altus Dental Option 1 - High</b>								
Employee/Retiree	\$41.42	0%	0	\$41.42	\$9.56	\$19.12	\$20.71	\$42.25
<b>Two Person</b>	\$82.83	0%	0	\$82.83	\$19.11	\$38.23	\$41.42	\$84.49
Family	\$124.15	0%	0	\$124.15	\$28.65	\$57.30	\$62.08	\$126.63
<b>Altus Dental Option 2 - Low</b>								
Employee/Retiree	\$36.27	0%	0	\$36.27	\$8.37	\$16.74	\$18.14	\$37.00
<b>Two Person</b>	\$72.53	0%	0	\$72.53	\$16.74	\$33.48	\$36.27	\$73.98
Family	\$104.87	0%	0	\$104.87	\$24.20	\$48.40	\$52.44	\$106.97

**\* ONLY Retirees can have a 2-Person Dental Plan**

### UnitedHealthcare Vision

Employee/Retiree	\$5.21	0%	0	\$5.21	\$1.20	\$2.40	\$2.61	\$5.31
Employ/Ret & Dependent	\$10.42	0%	0	\$10.42	\$2.40	\$4.81	\$5.21	\$10.63
Family	\$15.64	0%	0	\$15.64	\$3.61	\$7.22	\$7.82	\$15.95

### UNUM Optional Life Insurance - Age-bands

You can elect coverage in \$10,000 increments, the lesser of 3x your annual salary or \$500,000.

Calculate premium: Amount elected divided by 1,000, then multiply by the rate = monthly cost.

Employee - Age:	<30	30 - 34	35 - 39	40 - 44	45 - 49	50 - 54	55 - 59	60 - 64	65 - 69   70 - 74
Rate:	\$0.122	\$0.137	\$0.161	\$0.221	\$0.310	\$0.472	\$0.832	\$0.976	\$1.725   \$2.857
Spouse - Age:	<30	30 - 34	35 - 39	40 - 44	45 - 49	50 - 54	55 - 59	60 - 64	65 - 69   70 - 74
Rate:	\$0.092	\$0.107	\$0.131	\$0.191	\$0.280	\$0.442	\$0.802	\$0.946	\$1.695   \$2.827

(\*Listed premiums, plan designs, and contribution rates are subject to changes due to Collective Bargaining or by the authority of the City Manager when applicable.)