

Health and Dental Insurance Rates (*)

Effective July 1, 2010

New Plan Design for Non-Reps, Settled and Retirees

Blue Choice at \$10PCP/\$20SP, \$10/20/35 Ret Rx; \$20/40/105 MO Rx, \$75 ER, \$150 OP*, \$250 IP* and 75%

Fallon Select at \$10PCP/\$20SP, \$10/20/35 Ret Rx; \$20/40/105 MO Rx, \$75 ER, \$150 OP*, \$250 IP* and 75%

Fallon Direct at \$10PCP/\$15SP, \$10/20/35 Ret Rx; \$20/40/105 MO Rx, \$75 ER, \$100 OP*, \$200 IP* and 75%

	Monthly Premium	City Share %	Monthly City Share	Monthly Employee Share	Weekly Deduction	Bi-Weekly Deduction	Semi-Monthly Deduction	COBRA RATES
BCBS Blue Choice - POS								
Individual	\$677.27	75%	\$507.95	\$169.32	\$39.07	\$78.15	\$84.66	\$690.82
Family	\$1,775.48	75%	\$1,331.61	\$443.87	\$102.43	\$204.86	\$221.94	\$1,810.99
Fallon Health Plan - DIRECT - HMO								
Individual	\$448.06	75%	\$336.05	\$112.02	\$25.85	\$51.70	\$56.01	\$457.02
Family	\$1,154.43	75%	\$865.82	\$288.61	\$66.60	\$133.20	\$144.30	\$1,177.52
Fallon Health Plan - SELECT - HMO								
Individual	\$551.75	75%	\$413.81	\$137.94	\$31.83	\$63.66	\$68.97	\$562.79
Family	\$1,422.29	75%	\$1,066.72	\$355.57	\$82.06	\$164.11	\$177.79	\$1,450.74
Altus Dental								
Option 1 - High								
Employee/Retiree	\$34.66	0%	0	\$34.66	\$8.00	\$16.00	\$17.33	\$35.35
Two Person	\$69.32	0%	0	\$69.32	\$16.00	\$31.99	\$34.66	\$70.71
Family	\$103.90	0%	0	\$103.90	\$23.98	\$47.95	\$51.95	\$105.98
Altus Dental								
Option 2 - Low								
Employee/Retiree	\$30.35	0%	0	\$30.35	\$7.00	\$14.01	\$15.18	\$30.96
Two Person	\$60.70	0%	0	\$60.70	\$14.01	\$28.02	\$30.35	\$61.91
Family	\$87.77	0%	0	\$87.77	\$20.25	\$40.51	\$43.89	\$89.53
* ONLY Retirees can have a 2-Person Dental Plan								
UnitedHealthcare Vision								
Employee/Retiree	\$4.25	0%	0	\$4.25	** ONLY Non-Reps, Settled and Retirees			\$4.34
Employ/Ret & Dependent	\$8.50	0%	0	\$8.50	are eligible to enroll in VISION			\$8.67
Family	\$12.75	0%	0	\$12.75				\$13.01

(*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.)

Health, Dental and Vision Insurance Rates
Effective July 1, 2010

Retirees on Medicare Supplement Plans

	Monthly Premium	City Share %	Monthly City Share	Monthly Employee Share	Medicare	PDP
BCBS Medex						
1 person	\$351.27	75%	\$263.45	\$87.82	PRIMARY Self-Insured	SilverScript
2 persons	\$702.54	75%	\$526.91	\$175.64		
<i>Can live out of the area</i>						
THP Medicare Preferred HMO Prime						
1 person	\$214.00	75%	\$160.50	\$53.50	ADVANTAGE (Premium) Community Rated	Tufts
2 persons	\$428.00	75%	\$321.00	\$107.00		
<i>180 consecutive days out of area</i>						
Tufts Medicare Complement						
1 person	\$319.00	75%	\$239.25	\$79.75	PRIMARY Self-Insured	SilverScript
2 persons	\$638.00	75%	\$478.50	\$159.50		
<i>90 consecutive days out of area</i>						
Fallon Senior						
1 person	\$239.00	75%	\$179.25	\$59.75	ADVANTAGE (Premium) Community Rated	Fallon
2 persons	\$478.00	75%	\$358.50	\$119.50		
<i>180 consecutive days out of area, primary residence in area</i>						
Altus Dental						
	Option 1 - High					
Retiree	\$34.66	0%	0	\$34.66		
Retiree and Spouse *	\$69.32	0%	0	\$69.32		
Family	\$103.90	0%	0	\$103.90		
Altus Dental						
	Option 2 - Low					
Retiree	\$30.35	0%	0	\$30.35		
Retiree and Spouse *	\$60.70	0%	0	\$60.70		
Family	\$87.77	0%	0	\$87.77		
UnitedHealthcare Vision						
Retiree	\$4.25	0%	0	\$4.25		
Ret & Dependent	\$8.50	0%	0	\$8.50		
Family	\$12.75	0%	0	\$12.75		

* ONLY Retirees can have a 2-Person Dental Plan

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