

Monthly Insurance Rates For Active Employee
Basic Life, Health Insurance Coverage (Non-Medicare Plans)
Rates For Monthly Payroll Deduction, and Direct Payment Purposes
Effective For The Premium Due February 1, 2010

Type Of Coverage	Premium Amount To Be Deducted on Payroll					
	Premium For Active Employees					
	For Employees Hired On or before June 30, 2003		For Employees Hired After June 30, 2003		Full Cost Premium	
	20%		25%			
Basic Life \$5,000 Coverage Only	\$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
Fallon Community Health Plan-Direct Care	\$76.65	\$182.03	\$95.81	\$227.54	\$383.23	\$910.15
Fallon Community Health Plan-Select Care	91.66	218.07	114.58	272.59	458.32	1,090.37
Harvard Pilgrim Independence Plan	98.48	235.40	123.10	294.25	492.39	1,177.01
Health New England	81.66	200.38	102.07	250.48	408.29	1,001.91
Navigator by Tufts Health Plan	98.63	235.72	123.28	294.64	493.14	1,178.58
NHP Care (Neighborhood Health Plan)	78.40	205.49	97.99	256.86	391.98	1,027.44
UniCare State Indemnity Plan/Basic with CIC	173.96	403.96	209.09	485.57	736.07	1,709.62
UniCare State Indemnity Plan/Basic without CIC	140.53	326.41	175.66	408.02	702.64	1,632.07
UniCare State Indemnity Plan/Community Choice	77.01	183.00	96.26	228.74	385.04	914.98
UniCare State Indemnity Plan/PLUS	101.21	239.67	126.51	299.58	506.06	1,198.33

CIC: Catastrophic Illness Coverage

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

Monthly Premium for Catastrophic Illness Coverage(CIC)	Individual Coverage	Family Coverage
	\$33.43	\$77.55