FISCAL YEAR 2016

Active Employee
Town of Lexington
Health Rate Sheet

July 1, 2015 - June 30, 2016

HEALTH PLAN	PLAN TYPE	Total Monthly IND	Total Monthly FAM	Town Monthly IND	Employee Monthly IND	Town Monthly FAM	Employee Monthly FAM	Town Annual IND	Employee Annual IND	Town Annual FAM	Employee Annual FAM	26 PAY IND	26 PAY FAM	22 PAY IND	22 PAY FAM	21 PAY IND	21 PAY FAM
Fallon Community Health Plan Direct Care	HMO (82/18)	$492.89	$1,182.96	$404.17	$88.72	$970.03	$212.93	$4,850.04	$1,064.64	$11,640.33	$2,555.19	$40.95	$98.28	$48.39	$116.15	$50.70	$121.68
Fallon Community Health Plan Select Care	HMO (82/18)	$654.98	$1,571.91	$537.08	$117.90	$1,288.97	$282.94	$6,445.00	$1,414.76	$15,467.59	$3,395.33	$54.41	$130.59	$64.31	$154.33	$67.37	$161.68
Harvard Pilgrim Independence Plan	POS (82/18)	$749.39	$1,828.49	$614.50	$134.89	$1,499.36	$329.13	$7,374.00	$1,618.68	$17,992.34	$3,949.54	$62.26	$151.91	$73.58	$179.52	$77.08	$188.07
Harvard Pilgrim Primary Choice	HMO (82/18)	$599.51	$1,462.80	$491.60	$107.91	$1,199.50	$263.30	$5,899.18	$1,294.94	$14,393.95	$3,159.65	$49.81	$121.52	$58.86	$143.62	$61.66	$150.46
Health New England	HMO (82/18)	$494.17	$1,225.14	$405.22	$88.95	$1,004.61	$220.53	$4,862.63	$1,067.41	$12,055.38	$2,646.30	$41.05	$101.78	$48.52	$120.29	$50.83	$126.01
NHP Care *(Neighborhood Health Plan)*	HMO (82/18)	$470.71	$1,247.36	$385.98	$84.73	$1,022.84	$224.52	$4,631.79	$1,016.73	$12,274.02	$2,694.30	$39.11	$103.63	$46.22	$122.47	$48.42	$128.30
Tufts Health Plan Navigator	POS (82/18)	$659.25	$1,609.60	$540.59	$118.67	$1,319.87	$289.73	$6,487.02	$1,423.98	$15,838.46	$3,476.74	$54.77	$133.72	$64.73	$158.03	$67.81	$165.56
Tufts Health Plan Spirit	HMO-type (82/18)	$501.40	$1,207.85	$411.15	$90.25	$990.44	$217.41	$4,933.78	$1,083.02	$11,885.24	$2,608.96	$41.65	$100.34	$49.23	$118.59	$51.57	$124.24
UniCareState Indemnity Plan/Basic with CIC (Comprehensive)	Indemnity (75/25)	$974.65	$2,281.72	$730.99	$243.66	$1,711.29	$570.43	$8,771.85	$2,923.95	$20,535.48	$6,845.16	$112.46	$263.28	$132.91	$311.14	$139.24	$325.96
UniCareState Indemnity Plan/Basic without CIC (Non-Comprehensive)	Indemnity (75/25)	$932.32	$2,183.55	$699.24	$233.08	$1,637.66	$545.89	$8,390.88	$2,796.96	$19,651.95	$6,550.65	$107.58	$251.95	$127.13	$297.76	$133.19	$311.94
UniCareState Indemnity Plan/Community Choice	PPO-type (82/18)	$472.29	$1,136.29	$387.28	$85.01	$931.76	$204.53	$4,647.33	$1,020.15	$11,181.09	$2,454.39	$39.24	$94.40	$46.37	$111.56	$48.58	$116.88
UniCareState Indemnity Plan/PLUS	PPO-type (82/18)	$655.64	$1,566.91	$537.62	$118.02	$1,284.87	$282.04	$6,451.50	$1,416.18	$15,418.39	$3,384.53	$54.47	$130.17	$64.37	$153.84	$67.44	$161.17

PLAN CONTACT INFORMATION

Plan Name	Phone	Web Site
Fallon Community Health Plan Direct Care	(866) 344-4442	www.fchp.org/gic
Fallon Community Health Plan Select Care	(866) 344-4442	www.fchp.org/gic
Harvard Pilgrim Independence Plan	(800) 542-1499	www.harvardpilgrim.org/gic
Harvard Pilgrim Primary Choice	(800) 542-1499	www.harvardpilgrim.org/gic
Health New England	(800) 842-4464	www.hne.com
NHP Care *(Neighborhood Health Plan)*	(800) 462-5449	www.nhp.com
Tufts Health Plan Navigator	(800) 870-9488	www.tuftshealthplan.com/gic
Tufts Health Plan Spirit	(800) 870-9488	www.tuftshealthplan.com/gic
UniCareState Indemnity Plan/Basic with CIC (Comprehensive)	(800) 442-9300	www.unicarestateplan.com
UniCareState Indemnity Plan/Basic without CIC (Non-Comprehensive)	(800) 442-9300	www.unicarestateplan.com
UniCare State Indemnity Plan/Community Choice	(800) 442-9300	www.unicarestateplan.com
UniCareState Indemnity Plan/PLUS	(800) 442-9300	www.unicarestateplan.com