MONTHLY BUY OUT RATES FOR ACTIVE EMPLOYEES EFFECTIVE JULY 1, 2017

NAME OF HEALTH PLAN	NON-MEDICARE PLANS													
	INDIVIDUAL COVERAGE							FAMILY COVERAGE						
	INDIVIDUAL FULL COST	GROSS AMT. 25% OF F/C IND.	FEDERAL TAX 25%	STATE TAX 5.25%	MEDICARE TAX 1.45%	TOTAL FOR ALL TAX	ESTIMATED NET PAY	FAMILY FULL COST	GROSS AMT. 25% OF F/C FAM.	FEDERAL TAX 25%	STATE TAX 5.25%	MEDICARE TAX 1.45%	TOTAL FOR ALL TAX	ESTIMATED NET PAY
Fallon Community Health Plan-Direct Care	$552.72	$138.18	$34.55	$7.25	$2.00	$43.80	$94.38	$1,326.56	$331.64	$82.91	$17.41	$4.81	$105.13	$226.51
Fallon Community Health Plan-Select Care	734.49	183.62	45.91	9.64	2.66	58.21	125.41	1,762.72	440.68	110.17	23.14	6.39	139.70	300.98
Harvard Pilgrim Independence Plan	821.36	205.34	51.34	10.78	2.98	65.10	140.24	2,004.09	501.02	125.26	26.30	7.26	158.82	342.20
Harvard Pilgrim Primary Choice	618.54	154.64	38.66	8.12	2.24	49.02	105.62	1,509.25	377.31	94.33	19.81	5.47	119.61	257.70
Health New England	546.24	136.56	34.14	7.17	1.98	43.29	93.27	1,354.24	338.56	84.64	17.77	4.91	107.32	231.24
NHP Care (Neighborhood Health Plan)	552.11	138.03	34.51	7.25	2.00	43.76	94.27	1,463.10	365.78	91.45	19.20	5.30	115.95	249.83
Tufts Health Plan Navigator	726.30	181.58	45.40	9.53	2.63	57.56	124.02	1,772.21	443.05	110.76	23.26	6.42	140.44	302.61
Tufts Health Plan Spirit	551.34	137.84	34.46	7.24	2.00	43.70	94.14	1,327.27	331.82	82.96	17.42	4.81	105.19	226.63
UniCare State Indemnity Plan/Basic	988.34	247.09	61.77	12.97	3.58	78.32	168.77	2,313.42	578.36	144.59	30.36	8.39	183.34	395.02
UniCare State Indemnity Plan/Community Choice	518.77	129.69	32.42	6.81	1.88	41.11	88.58	1,245.10	311.28	77.82	16.34	4.51	98.67	212.61
UniCare State Indemnity Plan/PLUS	690.78	172.70	43.18	9.07	2.50	54.75	117.95	1,650.35	412.59	103.15	21.66	5.98	130.79	281.80

Commonwealth of Massachusetts
Group Insurance Commission
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