

## MONTHLY BUY OUT RATES FOR ACTIVE EMPLOYEES EFFECTIVE JULY 1, 2019

NAME OF HEALTH PLAN	NON-MEDICARE PLANS													
	INDIVIDUAL COVERAGE							FAMILY COVERAGE						
	INDIVIDUAL	GROSS AMT.	FEDERAL	STATE	MEDICARE	TOTAL	ESTIMATED	FAMILY	GROSS AMT.	FEDERAL	STATE	MEDICARE	TOTAL	ESTIMATED
	FULL COST	25% OF F/C IND.	TAX 22%	TAX 5.25%	TAX 1.45%	FOR ALL TAX	NET PAY	FULL COST	25% OF F/C FAM.	TAX 22%	TAX 5.25%	TAX 1.45%	FOR ALL TAX	NET PAY
UniCare State Indemnity Plan/Basic	\$1,030.93	\$257.73	\$56.70	\$13.53	\$3.74	\$73.97	\$183.76	\$2,281.21	\$570.30	\$125.47	\$29.94	\$8.27	\$163.68	\$406.62
UniCare State Indemnity Plan/PLUS	693.67	173.42	\$38.15	9.10	2.51	49.76	123.66	1,648.83	412.21	\$90.69	21.64	5.98	118.31	293.90
Tufts Health Plan Navigator	745.15	186.29	\$40.98	9.78	2.70	53.46	132.83	1,815.72	453.93	\$99.86	23.83	6.58	130.27	323.66
Fallon Community Health Plan-Select Care	808.96	202.24	\$44.49	10.62	2.93	58.04	144.20	1,965.01	491.25	\$108.08	25.79	7.12	140.99	350.26
Harvard Pilgrim Independence Plan	886.55	221.64	\$48.76	11.64	3.21	63.61	158.03	2,163.92	540.98	\$119.02	28.40	7.84	155.26	385.72
Health New England	568.82	142.21	\$31.29	7.47	2.06	40.82	101.39	1,351.81	337.95	\$74.35	17.74	4.90	96.99	240.96
Allways Health Partners Complete	644.67	161.17	\$35.46	8.46	2.34	46.26	114.91	1,671.84	417.96	\$91.95	21.94	6.06	119.95	298.01
UniCare State Indemnity Plan/Community Choice	515.71	128.93	\$28.36	6.77	1.87	37.00	91.93	1,272.51	318.13	\$69.99	16.70	4.61	91.30	226.83
Tufts Health Plan Spirit	563.94	140.99	\$31.02	7.40	2.04	40.46	100.53	1,354.20	338.55	\$74.48	17.77	4.91	97.16	241.39
Fallon Community Health Plan-Direct Care	598.58	149.65	\$32.92	7.86	2.17	42.95	106.70	1,508.95	377.24	\$82.99	19.81	5.47	108.27	268.97
Harvard Pilgrim Primary Choice	643.55	160.89	\$35.40	8.45	2.33	46.18	114.71	1,640.74	410.19	\$90.24	21.53	5.95	117.72	292.47

