

## MONTHLY BUY OUT RATES FOR ACTIVE EMPLOYEES EFFECTIVE JULY 1, 2021

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	25% OF	TAX	TAX	TAX	FOR	NET	FULL	25% OF	TAX	TAX	TAX	FOR	NET
COST	F/C IND.	22%	5.25%	1.45%	ALL TAX	PAY	COST	F/C FAM.	22%	5.25%	1.45%	ALL TAX	PAY	
UniCare State Indemnity Plan/Basic	\$1,139.58	\$284.90	\$62.68	\$14.96	\$4.13	\$81.77	\$203.13	\$2,527.29	\$631.82	\$139.00	\$33.17	\$9.16	\$181.33	\$450.49
UniCare State Indemnity Plan/PLUS	779.26	194.82	\$42.86	10.23	2.82	55.91	138.91	1,860.21	465.05	\$102.31	24.42	6.74	133.47	331.58
Tufts Health Plan Navigator	833.73	208.43	\$45.85	10.94	3.02	59.81	148.62	2,038.79	509.70	\$112.13	26.76	7.39	146.28	363.42
Fallon Community Health Plan-Select Care	859.98	215.00	\$47.30	11.29	3.12	61.71	153.29	2,093.25	523.31	\$115.13	27.47	7.59	150.19	373.12
Harvard Pilgrim Independence Plan	960.90	240.23	\$52.85	12.61	3.48	68.94	171.29	2,347.91	586.98	\$129.14	30.82	8.51	168.47	418.51
Health New England	628.13	157.03	\$34.55	8.24	2.28	45.07	111.96	1,499.20	374.80	\$82.46	19.68	5.43	107.57	267.23
Allways Health Partners Complete	765.28	191.32	\$42.09	10.04	2.77	54.90	136.42	1,998.69	499.67	\$109.93	26.23	7.25	143.41	356.26
UniCare State Indemnity Plan/Community Choice	591.76	147.94	\$32.55	7.77	2.15	42.47	105.47	1,470.69	367.67	\$80.89	19.30	5.33	105.52	262.15
Tufts Health Plan Spirit	636.49	159.12	\$35.01	8.35	2.31	45.67	113.45	1,536.53	384.13	\$84.51	20.17	5.57	110.25	273.88
Fallon Community Health Plan-Direct Care	635.30	158.83	\$34.94	8.34	2.30	45.58	113.25	1,606.09	401.52	\$88.33	21.08	5.82	115.23	286.29
Harvard Pilgrim Primary Choice	695.52	173.88	\$38.25	9.13	2.52	49.90	123.98	1,775.74	443.94	\$97.67	23.31	6.44	127.42	316.52

