MONTHLY BUY OUT RATES FOR ACTIVE EMPLOYEES EFFECTIVE JULY 1, 2015

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	$490.93	$122.73	$30.68	$6.44	$1.78	$38.90	$83.83	$1,178.25	$294.56	$73.64	$15.46	$4.27	$93.37	$201.19
Fallon Community Health Plan-Select Care	652.37	163.09	40.77	8.56	2.36	51.69	111.40	1,565.65	391.41	97.85	20.55	5.68	124.08	267.33
Harvard Pilgrim Independence Plan	746.40	186.60	46.65	9.80	2.71	59.16	127.44	1,821.21	455.30	113.83	23.90	6.60	144.33	310.97
Harvard Pilgrim Primary Choice	597.12	149.28	37.32	7.84	2.16	47.32	101.96	1,456.97	364.24	91.06	19.12	5.28	115.46	248.78
Health New England	492.20	123.05	30.76	6.46	1.78	39.00	84.05	1,220.26	305.07	76.27	16.02	4.42	96.71	208.36
NHP Care (Neighborhood Health Plan)	468.83	117.21	29.30	6.15	1.70	37.15	80.06	1,242.39	310.60	77.65	16.31	4.50	98.46	212.14
Tufts Health Plan Navigator	656.62	164.16	41.04	8.62	2.38	52.04	112.12	1,603.19	400.80	100.20	21.04	5.81	127.05	273.75
Tufts Health Plan Spirit	499.40	124.85	31.21	6.55	1.81	39.57	85.28	1,203.04	300.76	75.19	15.79	4.36	95.34	205.42
UniCare State Indemnity Plan/Basic	928.61	232.15	58.04	12.19	3.37	73.60	158.55	2,174.85	543.71	135.93	28.54	7.88	172.35	371.36
UniCare State Indemnity Plan/Community Choice	470.41	117.60	29.40	6.17	1.71	37.28	80.32	1,131.76	282.94	70.74	14.85	4.10	89.69	193.25
UniCare State Indemnity Plan/PLUS	653.03	163.26	40.82	8.57	2.37	51.76	111.50	1,560.67	390.17	97.54	20.48	5.66	123.68	266.49

Commonwealth of Massachusetts
Group Insurance Commission
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