

## MONTHLY BUY OUT RATES FOR ACTIVE EMPLOYEES EFFECTIVE JULY 1, 2020

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	\$1,103.56	\$275.89	\$60.70	\$14.48	\$4.00	\$79.18	\$196.71	\$2,445.85	\$611.46	\$134.52	\$32.10	\$8.87	\$175.49	\$435.97
UniCare State Indemnity Plan/PLUS	721.22	180.31	\$39.67	9.47	2.61	51.75	128.56	1,716.49	429.12	\$94.41	22.53	6.22	123.16	305.96
Tufts Health Plan Navigator	796.25	199.06	\$43.79	10.45	2.89	57.13	141.93	1,944.65	486.16	\$106.96	25.52	7.05	139.53	346.63
Fallon Community Health Plan-Select Care	833.27	208.32	\$45.83	10.94	3.02	59.79	148.53	2,025.95	506.49	\$111.43	26.59	7.34	145.36	361.13
Harvard Pilgrim Independence Plan	913.98	228.50	\$50.27	12.00	3.31	65.58	162.92	2,231.38	557.85	\$122.73	29.29	8.09	160.11	397.74
Health New England	592.22	148.06	\$32.57	7.77	2.15	42.49	105.57	1,409.87	352.47	\$77.54	18.50	5.11	101.15	251.32
Allways Health Partners Complete	685.47	171.37	\$37.70	9.00	2.48	49.18	122.19	1,783.21	445.80	\$98.08	23.40	6.46	127.94	317.86
UniCare State Indemnity Plan/Community Choice	550.64	137.66	\$30.29	7.23	2.00	39.52	98.14	1,363.28	340.82	\$74.98	17.89	4.94	97.81	243.01
Tufts Health Plan Spirit	604.56	151.14	\$33.25	7.93	2.19	43.37	107.77	1,456.45	364.11	\$80.10	19.12	5.28	104.50	259.61
Fallon Community Health Plan-Direct Care	616.43	154.11	\$33.90	8.09	2.23	44.22	109.89	1,556.03	389.01	\$85.58	20.42	5.64	111.64	277.37
Harvard Pilgrim Primary Choice	663.11	165.78	\$36.47	8.70	2.40	47.57	118.21	1,691.10	422.78	\$93.01	22.20	6.13	121.34	301.44

