

MONTHLY BUY OUT RATES FOR ACTIVE EMPLOYEES EFFECTIVE JULY 1, 2022

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
	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
UniCare State Indemnity Plan/Basic	\$1,176.39	\$294.10	\$64.70	\$15.44	\$4.26	\$84.40	\$209.70	\$2,610.11	\$652.53	\$143.56	\$34.26	\$9.46	\$187.28
UniCare State Indemnity Plan/PLUS	808.96	202.24	\$44.49	10.62	2.93	58.04	144.20	1,932.95	483.24	\$106.31	25.37	7.01	138.69
Tufts Health Plan Navigator	888.49	222.12	\$48.87	11.66	3.22	63.75	158.37	2,176.62	544.16	\$119.72	28.57	7.89	156.18
Harvard Pilgrim Independence Plan	1,032.93	258.23	\$56.81	13.56	3.74	74.11	184.12	2,527.05	631.76	\$138.99	33.17	9.16	181.32
Health New England	667.71	166.93	\$36.72	8.76	2.42	47.90	119.03	1,597.34	399.34	\$87.85	20.97	5.79	114.61
Allways Health Partners Complete	841.94	210.49	\$46.31	11.05	3.05	60.41	150.08	2,205.02	551.26	\$121.28	28.94	7.99	158.21
UniCare State Indemnity Plan/Community Choice	621.96	155.49	\$34.21	8.16	2.25	44.62	110.87	1,548.76	387.19	\$85.18	20.33	5.61	111.12
Tufts Health Plan Spirit	673.71	168.43	\$37.05	8.84	2.44	48.33	120.10	1,629.65	407.41	\$89.63	21.39	5.91	116.93
Harvard Pilgrim Primary Choice	744.49	186.12	\$40.95	9.77	2.70	53.42	132.70	1,903.87	475.97	\$104.71	24.99	6.90	136.60

ESTIMATED
NET
PAY
\$465.25
344.55
387.98
450.44
284.73
393.05
276.07
290.48
339.37