

**FY'10 Benefit Differences between current EPO (HMO) plans and Rate-Saver EPO plans**

Plan Feature	Legacy Plan Harvard Pilgrim EPO	Harvard Pilgrim EPO Rate Saver	Fallon SelectCare EPO Legacy Plan	Fallon SelectCare EPO Rate Saver
Front-end Deductible	None	None	None	None
Out of Pocket Max.	None	\$2,000/\$4,000	None	None
Office Visit (O.V.) copay	\$5	\$20	\$5	\$20
O.V. Specialist copay	\$5	\$40	\$5	\$40
ER copay	\$30	\$75	\$25	\$75
Inpatient Copay	None	\$250	None	\$250 (out-of-pocket maximum: 4 co-pays/year)
Same Day Surgery copay	None	\$125	None	\$125
Diagnostic Imaging copay	None	None	None	None
Rx - Retail (30 day supply) Mail Order (90 day supply)	\$5/\$10/\$25 \$10/\$20/\$75	\$10/\$25/\$45 \$20/\$50/\$90	\$5/\$15/\$35 \$10/\$30/\$105	\$10/\$25/\$45 \$20/\$50/\$90
Chiropractic	No coverage	12 visit maximum not to exceed \$500/year	20 visit maximum/year	12 visit max. per calendar year not to exceed \$500/year

Plan Feature	Tufts EPO Legacy Plan	Tiered Network "Tufts Navigator" Rate Saver	Network Blue N.E. EPO Legacy Plan	Tiered Network "Network Blue NE Options"
Front-end Deductible	None	None	None	None
Out of Pocket Max.	None	None	None	None
PCP Office Visit copay	\$5	\$20	\$5	\$15/\$25/\$45; out-of-state \$15;
Specialist Office Visit copay	\$5	\$40	\$5	Specialist \$45; Vision \$45;
ER copay	\$25	\$75	\$25	\$100
Inpatient Copay	None	\$150 tier 1/ \$250 tier 2	None	\$250/\$500/\$1000; out-of state \$250
Day Surgery copay	None	\$125	None	\$150/\$250/\$500; out-of state \$150
Diag. Imaging copay (CT, MRI, PET)	None	\$75	None	General Hospitals \$75/\$150/\$250;
Rx - Retail (30 day supply) Mail Order (90 day supply)	\$5/\$10/\$25 \$10/\$20/\$50	\$10/\$25/\$45 \$20/\$50/\$90	\$5/\$10/\$25 \$5/\$10/\$25	\$15/\$30/\$50 \$30/\$60/\$100
Chiropractic	No coverage	12 visit max./cal.yr. not to exceed \$500/yr.	No coverage	12 visit max./cal.yr., not to exceed \$500/yr., \$45 copay/visit

**FY11 HEALTH INSURANCE - TOWN & SCHOOL**

Insurance	Sch Empl		Sch	Town Empl		Twn	Total Sub	Total Sub	#	Total	Town Cost	EmplCost	Town Cost	empl Cost
	20%	30%	Ret-20%	20%	30%	Ret-20%	80%	70%	Mo	Cost	80%	20%	70%	30%
<b>Harvard Pilgrim</b>														
Family	64	24	12	59	12	14	<b>149</b>	<b>36</b>	12	1680.00	<b>1344.00</b>	336.00	<b>1176.00</b>	504.00
Individual	15	45	26	10	9	6	<b>57</b>	<b>54</b>	12	645.00	<b>516.00</b>	103.20	<b>451.50</b>	193.50
<b>HP Rate Saver</b>														
Family	5	8		1			<b>6</b>	<b>8</b>	12	1429.00	<b>1143.20</b>	285.80	<b>1000.30</b>	428.70
Individual	2	6					<b>2</b>	<b>6</b>	12	548.00	<b>438.40</b>	87.68	<b>383.60</b>	164.40
<b>HMO Blue</b>														
Family	46	19	2	20	4	0	68	23	12	1835.00	<b>1468.00</b>	367.00	<b>1284.50</b>	550.50
Individual	16	18	6	3	3	1	26	21	12	684.00	<b>547.20</b>	109.44	<b>478.80</b>	205.20
<b>HMO Blue Rate Saver</b>														
Family							0	0	12	1514.00	<b>1211.20</b>	302.80	<b>1059.80</b>	454.20
Individual	2	2					2	2	12	564.00	<b>451.20</b>	90.24	<b>394.80</b>	169.20
<b>Tufts</b>														
Family	37	9	1	25	6	4	67	15	12	1785.00	<b>1428.00</b>	357.00	<b>1249.50</b>	535.50
Individual	11	14	11	6	2	2	30	16	12	682.00	<b>545.60</b>	109.12	<b>477.40</b>	204.60
<b>Tufts Rate Saver</b>														
Family	5	1					<b>5</b>	<b>1</b>	12	1517.00	<b>1213.60</b>	303.40	<b>1061.90</b>	455.10
Individual	1	2					<b>1</b>	<b>2</b>	12	579.00	<b>463.20</b>	92.64	<b>405.30</b>	173.70
<b>Fallon Select</b>														
Family	1	1					1	1	12	1543.00	<b>1234.40</b>	308.60	<b>1080.10</b>	462.90
Individual		3					0	3	12	573.00	<b>458.40</b>	91.68	<b>401.10</b>	171.90
<b>Fallon Select Rate Saver</b>														
Family		1			1		0	2	12	1312.00	<b>1049.60</b>	262.40	<b>918.40</b>	393.60
Individual		1					0	1	12	487.00	<b>389.60</b>	77.92	<b>340.90</b>	146.10
<b>Fallon Direct</b>														
Family							0	0	12	1435.00	<b>1148.00</b>	287.00	<b>1004.50</b>	430.50
Individual		1						1	12	531.00	<b>424.80</b>	84.96	<b>371.70</b>	159.30
# HMO subscribers	205	155	58	124	37	27	<b>414</b>	<b>192</b>						
<b>Total HMO's</b>														
<b>HP-PPO - 50%</b>	Sch Emp-50%	S-Ret-50%	Town Emp-50%	T-Ret-50%			Total Subscr	# mos	Total Cost	Town cost - 50%	Empl/Retiree Cost - 50%			
Family		1					1	12	2,948	1474.00	1474.00			
Individual		4	1				5	12	1,327	663.30	663.30			
<b>Total PPO/POS</b>														

Sr. Supplements	Schl Ret-50%	Town Ret-50%	Total Subscr	# mos	Total Cost	Town cost - 50%	Retiree Cost - 50%
<b>Medex</b>	75	23	98	12	432.00	216.00	216.00
<i>Manage Blue</i>	4	1	5	12	413.23	206.62	206.62
<b>MC HMO Blue</b>	1	0	1	6	345.33	172.67	172.67
<b>MC HMO Blue</b>	1	0	1	6	386.77	193.38	193.38
<b>HP Freedom</b>	5	1	6	6	293.00	146.50	146.50
<b>HP Freedom</b>	5	1	6	6	328.16	164.08	164.08
<b>HP Enhance</b>	20	16	36	12	406.00	203.00	203.00
<i>Tufts MC Pref</i>	73	14	87	12	207.00	103.50	103.50
<i>Tufts MC Compl</i>	30	28	58	12	372.00	186.00	186.00
<b># of subscribers</b>	208	84	<b>291</b>				
<b>Total Sr. Plan</b>							

<b>Town Cost</b>	
<b>FY11</b>	
2,911,104.00	
645,516.00	
178,339.20	
38,140.80	
1,552,410.00	
291,384.00	
-	
20,304.00	
1,373,022.00	
288,076.80	
85,558.80	
15,285.60	
27,774.00	
14,439.60	
22,041.60	
4,090.80	
-	
4,460.40	
<b>7,471,947.60</b>	
Town Cost FY11	
17,688.00	
39,798.00	
<b>57,486.00</b>	

12% increase

FY11 Insurance Budget

Actual # of Subscribers

Town Cost FY
254,016.00
12,396.90
1,035.99
1,160.31
5,274.00
5,906.88
87,696.00
108,054.00
129,456.00
<b>604,996.08</b>