OFFICE OF THE
TOWN MANAGER

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Town of Shrewsbury

MASSACHUSETTS 01545-5398

February 11, 2014 (Revised)

To: Insurance Advisory Committee (IAC)

From: Daniel J. Morgado

Re: FY 2015 & FY 2016 Health Insurance Program (HIP)

Today, the WSHG Board approved rates for Fiscal Year 2015 that called for an increase of 1.6% for the Fallon and 5.8% for the Harvard-Pilgrim plans along with increases of 17.8% and 13.8% for the Blue Cross and the Tufts Plans respectfully.

As outlined in my memo of August 29, 2013, I am proposing that the HIP for FY 2015 and FY 2016 to take the following form:

1. Renew all senior plans as offered through the West Suburban Health Group (WSHG) with contribution percentage changes for the Fallon Senior Plan and Tufts Medicare Preferred moving from 75%/25% to 70%/30%. This contribution percentage change would take place on January 1, 2015.

2. Effective July 1, 2014, all active employees and non-Medicare eligible retirees are moved to the WSHG Benchmark plans. The current contribution ratios would continue.

3. The Harvard Pilgrim PPO and Tufts POS premiums will increase by 8.0%. The current contribution ratios would continue.

4. That this program remain in effect for a two year period commencing July 1, 2014 with no other changes to be made other than plan design changes requested by the respective carriers and changes in monthly premiums resulting from the FY 2016 premium rating process. In the case of the Fallon dental plan design element, this may go away in FY 2016.

Following this memo are a series of Exhibits that I will review in detail with you at our meeting on February 13, at 3:00 PM.

Please advise me directly with any questions.

Cc Union/Association Presidents
Thomas Gregory
Carolyn Marcotte
Barbara Malone
Liam Hurley
Christine Fowler

Exhibit 1

Current Program

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Summary of FY 2014 Health Insurance Program

Plan	Type	Premium	Town Share	Percent	Employee/ Retiree Share	Percent	# of Participants	% of Plans	Town Share (Annual)	Employee/ Retiree Share (Annual)	Total	Town Share Budget	Employee/ Retiree Share Budget	Total
Harvard Pilgrim PPO	Family	$3,886.00	$1,943.00	50.00%	$1,943.00	50.00%	0	0.00%	$23,316.00	$23,316.00	$46,632.00	$0.00	$0.00	$0.00
	Individual	$1,750.00	$875.00	50.00%	$875.00	50.00%	5	0.60%	$10,500.00	$10,500.00	$21,000.00	$52,500.00	$52,500.00	$105,000.00
Tufts POS	Family	$3,886.00	$1,943.00	50.00%	$1,943.00	50.00%	0	0.00%	$23,316.00	$23,316.00	$46,632.00	$0.00	$0.00	$0.00
	Individual	$1,750.00	$875.00	50.00%	$875.00	50.00%	0	0.00%	$10,500.00	$10,500.00	$21,000.00	$0.00	$0.00	$0.00
Blue Choice Rate Saver EPO	Family	$1,685.00	$1,011.00	60.00%	$674.00	40.00%	5	0.60%	$12,132.00	$8,088.00	$20,220.00	$60,660.00	$40,440.00	$101,100.00
	Individual	$628.00	$376.80	60.00%	$251.20	40.00%	4	0.48%	$4,521.60	$3,014.40	$7,536.00	$18,086.40	$12,057.60	$30,144.00
Tufts Navigator Rate Saver EPO	Family	$1,688.00	$1,012.80	60.00%	$675.20	40.00%	7	0.84%	$12,153.60	$8,102.40	$20,256.00	$85,075.20	$56,716.80	$141,792.00
	Individual	$645.00	$387.00	60.00%	$258.00	40.00%	4	0.48%	$4,644.00	$3,096.00	$7,740.00	$18,576.00	$12,384.00	$30,960.00
HPHC Rate Saver EPO	Family	$1,590.00	$954.00	60.00%	$636.00	40.00%	32	3.84%	$11,448.00	$7,632.00	$19,080.00	$366,336.00	$244,224.00	$610,560.00
	Individual	$610.00	$366.00	60.00%	$244.00	40.00%	57	6.84%	$4,392.00	$2,928.00	$7,320.00	$250,344.00	$166,896.00	$417,240.00
Fallon Select Rate Saver EPO	Family	$1,460.00	$1,065.80	73.00%	$394.20	27.00%	367	44.06%	$12,789.60	$4,730.40	$17,520.00	$4,693,783.20	$1,736,056.80	$6,429,840.00
	Individual	$542.00	$395.66	73.00%	$146.34	27.00%	213	25.57%	$4,747.92	$1,756.08	$6,504.00	$1,011,306.96	$374,045.04	$1,385,352.00
Fallon Direct Rate Saver EPO	Family	$1,357.00	$1,058.46	78.00%	$298.54	22.00%	92	11.04%	$12,701.52	$3,582.48	$16,284.00	$1,168,539.84	$329,588.16	$1,498,128.00
	Individual	$505.00	$393.90	78.00%	$111.10	22.00%	47	5.64%	$4,726.80	$1,333.20	$6,060.00	$222,159.60	$62,660.40	$284,820.00
							833	100%	Fallon Makes Up		86.31%	$7,947,367.20	$3,087,568.80	$11,034,936.00
									# of Plans		719	72.02%	27.98%	
Harvard Pilgrim Medicare Enhance	Retiree	$328.33	$164.17	50.00%	$164.17	50.00%	185	48.43%	$1,969.98	$1,969.98	$3,939.96	$364,446.30	$364,446.30	$728,892.60
BC/BS Medex II	Retiree	$311.63	$155.82	50.00%	$155.82	50.00%	10	2.62%	$1,869.78	$1,869.78	$3,739.56	$18,697.80	$18,697.80	$37,395.60
Tufts Medicare Prime Suplmt Plus	Retiree	$320.00	$160.00	50.00%	$160.00	50.00%	37	9.69%	$1,920.00	$1,920.00	$3,840.00	$71,040.00	$71,040.00	$142,080.00
BC/BS Managed Blue for Seniors	Retiree	$267.18	$160.31	60.00%	$106.87	40.00%	5	1.31%	$1,923.70	$1,282.46	$3,206.16	$9,618.48	$6,412.32	$16,030.80
Fallon Senior	Retiree	$278.00	$208.50	75.00%	$69.50	25.00%	77	20.16%	$2,502.00	$834.00	$3,336.00	$192,654.00	$64,218.00	$256,872.00
Tufts Medicare Preferred	Retiree	$252.00	$189.00	75.00%	$63.00	25.00%	68	17.80%	$2,268.00	$756.00	$3,024.00	$154,224.00	$51,408.00	$205,632.00
							382		Fallon Makes Up		20.16%	$810,680.58	$576,222.42	$1,386,903.00
Enrollments shown above include SELCO and Surviving Spouses (22)									# of Plans (was 158)		77	58.45%	41.55%	
							1,215					$8,758,047.78	$3,663,791.22	$12,421,839.00
												70.51%	29.49%	

TOWN OF SHREWSBURY
WEST SUBURBAN HEALTH GROUP ACTIVE PLANS 2013-2014

JUNE PAYROLL CHANGES FOR JULY 1, 2011 OPEN-ENROLLMENT

% PAID	PLAN TYPE	TOTAL MONTHLY		TOWN MONTHLY	TOWN 26 P/R BI-WEEKLY*	TOWN 21 P/R BI-WEEKLY**	TOWN * WEEKLY		EMPLOYEE MONTHLY	EMP. 26 P/R BIWEEKLY*	EMP. 21P/R BI-WEEKLY**	EMPLOYEE WEEKLY*		COBRA
INDEMNITY PLANS														
Harvard Pilgrim PPO														
50/50	**FAMILY**	***$3,886.00***		$1,943.00	$896.77	$1,110.29	$448.38		**$1,943.00**	**$896.77**	**$1,110.29**	**$448.38**		$3,963.72
50/50	FAMILY (SS)	***$3,886.00***		$1,943.00	$896.77	$1,110.29	$448.38		$1,943.00	$896.77	$1,110.29	$448.38		
50/50	**INDIVIDUAL**	***$1,750.00***		$875.00	$403.85	$500.00	$201.92		**$875.00**	**$403.85**	**$500.00**	**$201.92**		$1,785.00
50/50	INDIVIDUAL (SS)	***$1,750.00***		$875.00	$403.85	$500.00	$201.92		$875.00	$403.85	$500.00	$201.92		
Tufts POS														
50/50	**FAMILY**	***$3,886.00***		$1,943.00	$896.77	$1,110.29	$448.38		**$1,943.00**	**$896.77**	**$1,110.29**	**$448.38**		$3,963.72
50/50	FAMILY (SS)	***$3,886.00***		$1,943.00	$896.77	$1,110.29	$448.38		$1,943.00	$896.77	$1,110.29	$448.38		
50/50	**INDIVIDUAL**	***$1,750.00***		$875.00	$403.85	$500.00	$201.92		**$875.00**	**$403.85**	**$500.00**	**$201.92**		$1,785.00
50/50	INDIVIDUAL (SS)	***$1,750.00***		$875.00	$403.85	$500.00	$201.92		$875.00	$403.85	$500.00	$201.92		
RATE SAVER HMO PLANS														
BLUE OPTIONS RATE SAVER EPO														
60/40	**FAMILY**	***$1,685.00***		$1,011.00	$466.62	$577.71	$233.31		**$674.00**	**$311.08**	**$385.14**	**$155.54**		$1,718.70
50/50	FAMILY (SS)	***$1,685.00***		$842.50	$388.85	$481.43	$194.42		$842.50	$388.85	$481.43	$194.42		
60/40	**INDIVIDUAL**	***$628.00***		$376.80	$173.91	$215.31	$86.95		**$251.20**	**$115.94**	**$143.54**	**$57.97**		$640.56
50/50	INDIVIDUAL (SS)	***$628.00***		$314.00	$144.92	$179.43	$72.46		$314.00	$144.92	$179.43	$72.46		
TUFTS NAVIGATOR RATE SAVER EPO														
60/40	**FAMILY**	***$1,688.00***		$1,012.80	$467.45	$578.74	$233.72		**$675.20**	**$311.63**	**$385.83**	**$155.82**		$1,721.76
50/50	FAMILY (SS)	***$1,688.00***		$844.00	$389.54	$482.29	$194.77		$844.00	$389.54	$482.29	$194.77		
60/40	**INDIVIDUAL**	***$645.00***		$387.00	$178.62	$221.14	$89.31		**$258.00**	**$119.08**	**$147.43**	**$59.54**		$657.90
50/50	INDIVIDUAL (SS)	***$645.00***		$322.50	$148.85	$184.29	$74.42		$322.50	$148.85	$184.29	$74.42		
HPHC RATE SAVER EPO														
60/40	**FAMILY**	***$1,590.00***		$954.00	$440.31	$545.14	$220.15		**$636.00**	**$293.54**	**$363.43**	**$146.77**		$1,621.80
50/50	FAMILY (SS)	***$1,590.00***		$795.00	$366.92	$454.29	$183.46		$795.00	$366.92	$454.29	$183.46		
60/40	**INDIVIDUAL**	***$610.00***		$366.00	$168.92	$209.14	$84.46		**$244.00**	**$112.62**	**$139.43**	**$56.31**		$622.20
50/50	INDIVIDUAL (SS)	***$610.00***		$305.00	$140.77	$174.29	$70.38		$305.00	$140.77	$174.29	$70.38		
FALLON SELECT RATE SAVER EPO														
73/27	**FAMILY**	***$1,460.00***		$1,065.80	$491.91	$609.03	$245.95		**$394.20**	**$181.94**	**$225.26**	**$90.97**		$1,489.20
50/50	FAMILY (SS)	***$1,460.00***		$730.00	$336.92	$417.14	$168.46		$730.00	$336.92	$417.14	$168.46		
73/27	**INDIVIDUAL**	***$542.00***		$395.66	$182.61	$226.09	$91.31		**$146.34**	**$67.54**	**$83.62**	**$33.77**		$552.84
50/50	INDIVIDUAL (SS)	***$542.00***		$271.00	$125.08	$154.86	$62.54		$271.00	$125.08	$154.86	$62.54		
FALLON DIRECT RATE SAVER EPO														
78/22	**FAMILY**	***$1,357.00***		$1,058.46	$488.52	$604.83	$244.26		**$298.54**	**$137.79**	**$170.59**	**$68.89**		$1,384.14
50/50	FAMILY (SS)	***$1,357.00***		$678.50	$313.15	$387.71	$156.58		$678.50	$313.15	$387.71	$156.58		
78/22	**INDIVIDUAL**	***$505.00***		$393.90	$181.80	$225.09	$90.90		**$111.10**	**$51.28**	**$63.49**	**$25.64**		$515.10
50/50	INDIVIDUAL (SS)	***$505.00***		$252.50	$116.54	$144.29	$58.27		$252.50	$116.54	$144.29	$58.27		

(SS) REPRESENTS SURVIVING SPOUSE

**** PLEASE NOTE BI-WEEKLY & WEEKLY DEDUCTIONS ARE BASED ON 26 & 52 WEEK PAYROLLS RESPECTIVELY.***

*****SCHOOL EMPLOYEES PAID ON 21 BI-WEEKLY P/R (5 BI-WEEKLY SUMMER DEDUCTIONS ARE INCLUDED IN THE RATES)***

TOWN OF SHREWSBURY WEST SUBURBAN HEALTH GROUP SENIOR PLANS RATES AS OF January 1, 2014 (Corrected 12/5/2013)				
% PAID **Town/Retiree**		*TOTAL MONTHLY*	*TOWN MONTHLY*	*RETIREE MONTHLY*
MEDICARE SUPPLEMENT PLANS				
FREEDOM OF CHOICE				
HARVARD PILGRIM - MEDICARE ENHANCE WITH FIRST HEALTH PART D PLAN				
50/50	**SUBSCRIBER**	$328.33	$164.17	***$164.17***
50/50	SURVIVING SPOUSE	$328.33	$164.17	***$164.17***
BC/BS - MEDEX II WITH BLUE MEDICARE Rx				
50/50	**SUBSCRIBER**	$311.63	$155.82	***$155.82***
50/50	SURVIVING SPOUSE	$311.63	$155.82	***$155.82***
TUFTS - MEDICARE PRIME SUPPLEMENT WITH PDP PLUS				
50/50	**SUBSCRIBER**	$320.00	$160.00	***$160.00***
50/50	SURVIVING SPOUSE	$320.00	$160.00	***$160.00***
HMO MEDI-WRAP PLANS				
BC/BS - MANAGED BLUE FOR SENIORS				
60/40	**SUBSCRIBER**	$267.18	$160.31	***$106.87***
50/50	SURVIVING SPOUSE	$267.18	$133.59	***$133.59***
MEDICARE ADVANTAGE HMO PLANS				
FALLON - SENIOR PLAN				
75/25	**SUBSCRIBER**	$278.00	$208.50	***$69.50***
50/50	SURVIVING SPOUSE	$278.00	$139.00	***$139.00***
TUFTS - MEDICARE PREFERRED HMO				
75/25	**SUBSCRIBER**	$252.00	$189.00	***$63.00***
50/50	SURVIVING SPOUSE	$252.00	$126.00	***$126.00***

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Exhibit 2

WSHG
Adopt Benchmark Plans
Changes in Contribution Rates
Fallon Senior & Tufts Medicare Preferred

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Summary of FY 2015 Health Insurance Program
Proposed

Plan	Type	Premium	Town Share	Percent	Employee/ Retiree Share	Percent	# of Participants	% of Plans	Town Share (Annual)	Employee/ Retiree Share (Annual)	Total	Town Share Budget	Employee/ Retiree Share Budget	Total
Harvard Pilgrim PPO	Family	$4,196.88	$2,098.44	50.00%	$2,098.44	50.00%	0	0.00%	$25,181.28	$25,181.28	$50,362.56	$0.00	$0.00	$0.00
	Individual	$1,890.00	$945.00	50.00%	$945.00	50.00%	5	0.60%	$11,340.00	$11,340.00	$22,680.00	$56,700.00	$56,700.00	$113,400.00
Tufts POS	Family	$4,196.88	$2,098.44	50.00%	$2,098.44	50.00%	0	0.00%	$25,181.28	$25,181.28	$50,362.56	$0.00	$0.00	$0.00
	Individual	$1,890.00	$945.00	50.00%	$945.00	50.00%	0	0.00%	$11,340.00	$11,340.00	$22,680.00	$0.00	$0.00	$0.00
Blue Choice Benchmark EPO	Family	$1,914.00	$1,148.40	60.00%	$765.60	40.00%	5	0.60%	$13,780.80	$9,187.20	$22,968.00	$68,904.00	$45,936.00	$114,840.00
	Individual	$714.00	$428.40	60.00%	$285.60	40.00%	4	0.48%	$5,140.80	$3,427.20	$8,568.00	$20,563.20	$13,708.80	$34,272.00
Tufts Navigator Benchmark EPO	Family	$1,854.00	$1,112.40	60.00%	$741.60	40.00%	7	0.84%	$13,348.80	$8,899.20	$22,248.00	$93,441.60	$62,294.40	$155,736.00
	Individual	$708.00	$424.80	60.00%	$283.20	40.00%	4	0.48%	$5,097.60	$3,398.40	$8,496.00	$20,390.40	$13,593.60	$33,984.00
HPHC Benchmark EPO	Family	$1,623.00	$973.80	60.00%	$649.20	40.00%	32	3.84%	$11,685.60	$7,790.40	$19,476.00	$373,939.20	$249,292.80	$623,232.00
	Individual	$622.00	$373.20	60.00%	$248.80	40.00%	57	6.84%	$4,478.40	$2,985.60	$7,464.00	$255,268.80	$170,179.20	$425,448.00
Fallon Select Benchmark EPO	Family	$1,432.00	$1,045.36	73.00%	$386.64	27.00%	367	44.06%	$12,544.32	$4,639.68	$17,184.00	$4,603,765.44	$1,702,762.56	$6,306,528.00
	Individual	$532.00	$388.36	73.00%	$143.64	27.00%	213	25.57%	$4,660.32	$1,723.68	$6,384.00	$992,648.16	$367,143.84	$1,359,792.00
Fallon Direct Benchmark EPO	Family	$1,331.00	$1,038.18	78.00%	$292.82	22.00%	92	11.04%	$12,458.16	$3,513.84	$15,972.00	$1,146,150.72	$323,273.28	$1,469,424.00
	Individual	$495.00	$386.10	78.00%	$108.90	22.00%	47	5.64%	$4,633.20	$1,306.80	$5,940.00	$217,760.40	$61,419.60	$279,180.00
							833	100%	Fallon Makes Up		86.31%	$7,849,531.92	$3,066,304.08	$10,915,836.00
									# of Plans		719	71.91%	28.09%	
Harvard Pilgrim Medicare Enhance	Retiree	$328.33	$164.17	50.00%	$164.17	50.00%	185	48.43%	$1,969.98	$1,969.98	$3,939.96	$364,446.30	$364,446.30	$728,892.60
BC/BS Medex II	Retiree	$311.63	$155.82	50.00%	$155.82	50.00%	10	2.62%	$1,869.78	$1,869.78	$3,739.56	$18,697.80	$18,697.80	$37,395.60
Tufts Medicare Prime Suplmt Plus	Retiree	$320.00	$160.00	50.00%	$160.00	50.00%	37	9.69%	$1,920.00	$1,920.00	$3,840.00	$71,040.00	$71,040.00	$142,080.00
BC/BS Managed Blue for Seniors	Retiree	$267.18	$160.31	60.00%	$106.87	40.00%	5	1.31%	$1,923.70	$1,282.46	$3,206.16	$9,618.48	$6,412.32	$16,030.80
Fallon Senior	Retiree	$278.00	$194.60	70.00%	$83.40	30.00%	77	20.16%	$2,335.20	$1,000.80	$3,336.00	$179,810.40	$77,061.60	$256,872.00
Tufts Medicare Preferred	Retiree	$252.00	$176.40	70.00%	$75.60	30.00%	68	17.80%	$2,116.80	$907.20	$3,024.00	$143,942.40	$61,689.60	$205,632.00
							382		Fallon Makes Up		20.16%	$787,555.38	$599,347.62	$1,386,903.00
Enrollments shown above include SELCO and Surviving Spouses (22)									# of Plans (was 158)		77	56.79%	43.21%	
							1,215					$8,637,087.30	$3,665,651.70	$12,302,739.00
												70.20%	29.80%	

Proposed FY 2015 HIP Program
Benchmark Plans with 5% Contribution Shift for Fallon Senior and
Tufts Medicare Preferred Effective January 1, 2015.

2/26/2014

West Suburban Health Group
POLICY PERIOD 7/1/14 - 6/30/15

FY15 - SCENARIO C-3

FY15 HEALTH INSURANCE FUNDING SCENARIO - Lower of 2 Projections
with $2M of Fund Balance

Health Plan	12/13 Enrollments Individual	Family	*Lower of 2 HMO projections time 0.983 & then rounded* * Individual	Family	*FY15 MONTHLY FUNDING*	*FY15 ANNUAL FUNDING*	*% Increase*	
HPHC EPO - Legacy	46	31	$ 645.00	$ 1,682.00	$ 81,812	$ 981,744	*-19.3%*	change to RS
HPHC Rate Saver EPO	1738	2444	$ 645.00	$ 1,682.00	$ 5,231,818	$ 62,781,816	*5.8%*	
HPHC EPO Benchmark	2	3	$ 622.00	$ 1,623.00	$ 6,113	$ 73,356	*5.8%*	
Network Blue EPO - Legacy	23	5	$ 740.00	$ 1,984.00	$ 26,940	$ 323,280	*-24.3%*	change to RS
Blue Choice Rate Saver	395	431	$ 740.00	$ 1,984.00	$ 1,147,404	$ 13,768,848	*17.8%*	
Blue Choice Benchmark	7	8	$ 714.00	$ 1,914.00	$ 20,310	$ 243,720	*17.8%*	
Tufts EPO	25	8	$ 734.00	$ 1,922.00	$ 33,726	$ 404,712	*-25.5%*	change to RS
Tufts Navigator Rate Saver	580	791	$ 734.00	$ 1,922.00	$ 1,946,022	$ 23,352,264	*13.8%*	
Tufts Navigator Benchmark	0	0	$ 708.00	$ 1,854.00	$ -	$ -	*N/A*	*15.8% rate incrs.*
Fallon Selectcare - Legacy	2	0	$ 550.00	$ 1,483.00	$ 1,100	$ 13,200	*-16.7%*	change to RS
Fallon Select Rate Saver	371	547	$ 550.00	$ 1,483.00	$ 1,015,251	$ 12,183,012	*1.6%*	
Fallon Select Benchmark	1	2	$ 532.00	$ 1,432.00	$ 3,396.00	$ 40,752	*1.6%*	
Fallon Directcare - Legacy	0	1	$ 513.00	$ 1,378.00	$ 1,378	$ 16,536	*-16.6%*	change to RS
Fallon Direct Rate Saver	106	123	$ 513.00	$ 1,378.00	$ 223,872	$ 2,686,464	*1.6%*	
Fallon Direct Benchmark	0	0	$ 495.00	$ 1,331.00	$ -	$ -	*N/A*	*3.3% rate incrs.*
Harvard Pilgrim PPO	53	6	$ 1,890.00	$ 4,196.88	$ 125,351	$ 1,504,215	*8.0%*	
Tufts POS	1	1	$ 1,890.00	$ 4,196.88	$ 6,087	$ 73,043	*8.0%*	
TOTALS:	3,350	4401			**$ 9,870,580**	**$ 118,446,962**	***7.5%***	

Amount lower than Carrier projected rates:	$	977,289
Amount lower than GBS projected rates:	$	2,943,756
Amount of Fund Balance at Risk:	**$**	**2,012,177**

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TOWN OF SHREWSBURY
WEST SUBURBAN HEALTH GROUP ACTIVE PLANS 2014-2015

JUNE PAYROLL CHANGES FOR JULY 1, 2011 OPEN-ENROLLMENT

% PAID	PLAN TYPE	TOTAL MONTHLY		TOWN MONTHLY	TOWN 26 P/R BI-WEEKLY*	TOWN 21 P/R BI-WEEKLY**	TOWN * WEEKLY		EMPLOYEE MONTHLY	EMP. 26 P/R BIWEEKLY*	EMP. 21P/R BI-WEEKLY**	EMPLOYEE WEEKLY*		COBRA
						INDEMNITY PLANS								
						Harvard Pilgrim PPO								
50/50	**FAMILY**	***$4,196.88***		$2,098.44	$968.51	$1,199.11	$484.26		**$2,098.44**	**$968.51**	**$1,199.11**	**$484.26**		$4,280.82
50/50	FAMILY (SS)	***$4,196.88***		$2,098.44	$968.51	$1,199.11	$484.26		$2,098.44	$968.51	$1,199.11	$484.26		
50/50	**INDIVIDUAL**	***$1,890.00***		$945.00	$436.15	$540.00	$218.08		**$945.00**	**$436.15**	**$540.00**	**$218.08**		$1,927.80
50/50	INDIVIDUAL (SS)	***$1,890.00***		$945.00	$436.15	$540.00	$218.08		$945.00	$436.15	$540.00	$218.08		
						Tufts POS								
50/50	**FAMILY**	***$4,196.88***		$2,098.44	$968.51	$1,199.11	$484.26		**$2,098.44**	**$968.51**	**$1,199.11**	**$484.26**		$4,280.82
50/50	FAMILY (SS)	***$4,196.88***		$2,098.44	$968.51	$1,199.11	$484.26		$2,098.44	$968.51	$1,199.11	$484.26		
50/50	**INDIVIDUAL**	***$1,890.00***		$945.00	$436.15	$540.00	$218.08		**$945.00**	**$436.15**	**$540.00**	**$218.08**		$1,927.80
50/50	INDIVIDUAL (SS)	***$1,890.00***		$945.00	$436.15	$540.00	$218.08		$945.00	$436.15	$540.00	$218.08		
						BENCHMARK HMO PLANS								
						BLUE CHOICE BENCHMARK EPO								
60/40	**FAMILY**	***$1,914.00***		$1,148.40	$530.03	$656.23	$265.02		**$765.60**	**$353.35**	**$437.49**	**$176.68**		$1,952.28
50/50	FAMILY (SS)	***$1,914.00***		$957.00	$441.69	$546.86	$220.85		$957.00	$441.69	$546.86	$220.85		
60/40	**INDIVIDUAL**	***$714.00***		$428.40	$197.72	$244.80	$98.86		**$285.60**	**$131.82**	**$163.20**	**$65.91**		$728.28
50/50	INDIVIDUAL (SS)	***$714.00***		$357.00	$164.77	$204.00	$82.38		$357.00	$164.77	$204.00	$82.38		
						TUFTS NAVIGATOR BENCHMARK EPO								
60/40	**FAMILY**	***$1,854.00***		$1,112.40	$513.42	$635.66	$256.71		**$741.60**	**$342.28**	**$423.77**	**$171.14**		$1,891.08
50/50	FAMILY (SS)	***$1,854.00***		$927.00	$427.85	$529.71	$213.92		$927.00	$427.85	$529.71	$213.92		
60/40	**INDIVIDUAL**	***$708.00***		$424.80	$196.06	$242.74	$98.03		**$283.20**	**$130.71**	**$161.83**	**$65.35**		$722.16
50/50	INDIVIDUAL (SS)	***$708.00***		$354.00	$163.38	$202.29	$81.69		$354.00	$163.38	$202.29	$81.69		
						HPHC BENCHMARK EPO								
60/40	**FAMILY**	***$1,623.00***		$973.80	$449.45	$556.46	$224.72		**$649.20**	**$299.63**	**$370.97**	**$149.82**		$1,655.46
50/50	FAMILY (SS)	***$1,623.00***		$811.50	$374.54	$463.71	$187.27		$811.50	$374.54	$463.71	$187.27		
60/40	**INDIVIDUAL**	***$622.00***		$373.20	$172.25	$213.26	$86.12		**$248.80**	**$114.83**	**$142.17**	**$57.42**		$634.44
50/50	INDIVIDUAL (SS)	***$622.00***		$311.00	$143.54	$177.71	$71.77		$311.00	$143.54	$177.71	$71.77		
						FALLON SELECT BENCHMARK EPO								
73/27	**FAMILY**	***$1,432.00***		$1,045.36	$482.47	$597.35	$241.24		**$386.64**	**$178.45**	**$220.94**	**$89.22**		$1,460.64
50/50	FAMILY (SS)	***$1,432.00***		$716.00	$330.46	$409.14	$165.23		$716.00	$330.46	$409.14	$165.23		
73/27	**INDIVIDUAL**	***$532.00***		$388.36	$179.24	$221.92	$89.62		**$143.64**	**$66.30**	**$82.08**	**$33.15**		$542.64
50/50	INDIVIDUAL (SS)	***$532.00***		$266.00	$122.77	$152.00	$61.38		$266.00	$122.77	$152.00	$61.38		
						FALLON DIRECT BENCHMARK EPO								
78/22	**FAMILY**	***$1,331.00***		$1,038.18	$479.16	$593.25	$239.58		**$292.82**	**$135.15**	**$167.33**	**$67.57**		$1,357.62
50/50	FAMILY (SS)	***$1,331.00***		$665.50	$307.15	$380.29	$153.58		$665.50	$307.15	$380.29	$153.58		
78/22	**INDIVIDUAL**	***$495.00***		$386.10	$178.20	$220.63	$89.10		**$108.90**	**$50.26**	**$62.23**	**$25.13**		$504.90
50/50	INDIVIDUAL (SS)	***$495.00***		$247.50	$114.23	$141.43	$57.12		$247.50	$114.23	$141.43	$57.12		

(SS) REPRESENTS SURVIVING SPOUSE

**** PLEASE NOTE BI-WEEKLY & WEEKLY DEDUCTIONS ARE BASED ON 26 & 52 WEEK PAYROLLS RESPECTIVELY.***

*****SCHOOL EMPLOYEES PAID ON 21 BI-WEEKLY P/R (5 BI-WEEKLY SUMMER DEDUCTIONS ARE INCLUDED IN THE RATES)***

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Exhibit 3

Status Quo Renewal Shown With and Without 5% Contribution Shift
Fallon Senior & Tufts Medicare Preferred

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Summary of FY 2015 Health Insurance Program
Status Quo With Shift*

Plan	Type	Premium	Town Share	Percent	Employee/ Retiree Share	Percent	# of Participants	% of Plans	Town Share (Annual)	Employee/ Retiree Share (Annual)	Total	Town Share Budget	Employee/ Retiree Share Budget	Total
Harvard Pilgrim PPO	Family	$4,196.88	$2,098.44	50.00%	$2,098.44	50.00%	0	0.00%	$25,181.28	$25,181.28	$50,362.56	$0.00	$0.00	$0.00
	Individual	$1,890.00	$945.00	50.00%	$945.00	50.00%	5	0.60%	$11,340.00	$11,340.00	$22,680.00	$56,700.00	$56,700.00	$113,400.00
Tufts POS	Family	$4,196.88	$2,098.44	50.00%	$2,098.44	50.00%	0	0.00%	$25,181.28	$25,181.28	$50,362.56	$0.00	$0.00	$0.00
	Individual	$1,890.00	$945.00	50.00%	$945.00	50.00%	0	0.00%	$11,340.00	$11,340.00	$22,680.00	$0.00	$0.00	$0.00
Blue Choice Rate Saver EPO	Family	$1,984.00	$1,190.40	60.00%	$793.60	40.00%	5	0.60%	$14,284.80	$9,523.20	$23,808.00	$71,424.00	$47,616.00	$119,040.00
	Individual	$740.00	$444.00	60.00%	$296.00	40.00%	4	0.48%	$5,328.00	$3,552.00	$8,880.00	$21,312.00	$14,208.00	$35,520.00
Tufts Navigator Rate Saver EPO	Family	$1,922.00	$1,153.20	60.00%	$768.80	40.00%	7	0.84%	$13,838.40	$9,225.60	$23,064.00	$96,868.80	$64,579.20	$161,448.00
	Individual	$734.00	$440.40	60.00%	$293.60	40.00%	4	0.48%	$5,284.80	$3,523.20	$8,808.00	$21,139.20	$14,092.80	$35,232.00
HPHC Rate Saver EPO	Family	$1,682.00	$1,009.20	60.00%	$672.80	40.00%	32	3.84%	$12,110.40	$8,073.60	$20,184.00	$387,532.80	$258,355.20	$645,888.00
	Individual	$645.00	$387.00	60.00%	$258.00	40.00%	57	6.84%	$4,644.00	$3,096.00	$7,740.00	$264,708.00	$176,472.00	$441,180.00
Fallon Select Rate Saver EPO	Family	$1,483.00	$1,082.59	73.00%	$400.41	27.00%	367	44.06%	$12,991.08	$4,804.92	$17,796.00	$4,767,726.36	$1,763,405.64	$6,531,132.00
	Individual	$550.00	$401.50	73.00%	$148.50	27.00%	213	25.57%	$4,818.00	$1,782.00	$6,600.00	$1,026,234.00	$379,566.00	$1,405,800.00
Fallon Direct Rate Saver EPO	Family	$1,378.00	$1,074.84	78.00%	$303.16	22.00%	92	11.04%	$12,898.08	$3,637.92	$16,536.00	$1,186,623.36	$334,688.64	$1,521,312.00
	Individual	$513.00	$400.14	78.00%	$112.86	22.00%	47	5.64%	$4,801.68	$1,354.32	$6,156.00	$225,678.96	$63,653.04	$289,332.00
							833	100%	Fallon Makes Up		86.31%	$8,125,947.48	$3,173,336.52	$11,299,284.00
									# of Plans		719	71.92%	28.08%	
Harvard Pilgrim Medicare Enhance	Retiree	$328.33	$164.17	50.00%	$164.17	50.00%	185	48.43%	$1,969.98	$1,969.98	$3,939.96	$364,446.30	$364,446.30	$728,892.60
BC/BS Medex II	Retiree	$311.63	$155.82	50.00%	$155.82	50.00%	10	2.62%	$1,869.78	$1,869.78	$3,739.56	$18,697.80	$18,697.80	$37,395.60
Tufts Medicare Prime Suplmt Plus	Retiree	$320.00	$160.00	50.00%	$160.00	50.00%	37	9.69%	$1,920.00	$1,920.00	$3,840.00	$71,040.00	$71,040.00	$142,080.00
BC/BS Managed Blue for Seniors	Retiree	$267.18	$160.31	60.00%	$106.87	40.00%	5	1.31%	$1,923.70	$1,282.46	$3,206.16	$9,618.48	$6,412.32	$16,030.80
Fallon Senior*	Retiree	$278.00	$194.60	70.00%	$83.40	30.00%	77	20.16%	$2,335.20	$1,000.80	$3,336.00	$179,810.40	$77,061.60	$256,872.00
Tufts Medicare Preferred*	Retiree	$252.00	$176.40	70.00%	$75.60	30.00%	68	17.80%	$2,116.80	$907.20	$3,024.00	$143,942.40	$61,689.60	$205,632.00
							382		Fallon Makes Up		20.16%	$787,555.38	$599,347.62	$1,386,903.00
Enrollments shown above include SELCO and Surviving Spouses (22)									# of Plans (was 158)		77	56.79%	43.21%	
							1,215					$8,913,502.86	$3,772,684.14	$12,686,187.00
												70.26%	29.74%	

Summary of FY 2015 Health Insurance Program
Status Quo With No Shift

Plan	Type	Premium	Town Share	Percent	Employee/ Retiree Share	Percent	# of Participants	% of Plans	Town Share (Annual)	Employee/ Retiree Share (Annual)	Total	Town Share Budget	Employee/ Retiree Share Budget	Total
Harvard Pilgrim PPO	Family	$4,196.88	$2,098.44	50.00%	$2,098.44	50.00%	0	0.00%	$25,181.28	$25,181.28	$50,362.56	$0.00	$0.00	$0.00
	Individual	$1,890.00	$945.00	50.00%	$945.00	50.00%	5	0.60%	$11,340.00	$11,340.00	$22,680.00	$56,700.00	$56,700.00	$113,400.00
Tufts POS	Family	$4,196.88	$2,098.44	50.00%	$2,098.44	50.00%	0	0.00%	$25,181.28	$25,181.28	$50,362.56	$0.00	$0.00	$0.00
	Individual	$1,890.00	$945.00	50.00%	$945.00	50.00%	0	0.00%	$11,340.00	$11,340.00	$22,680.00	$0.00	$0.00	$0.00
Blue Choice Rate Saver EPO	Family	$1,984.00	$1,190.40	60.00%	$793.60	40.00%	5	0.60%	$14,284.80	$9,523.20	$23,808.00	$71,424.00	$47,616.00	$119,040.00
	Individual	$740.00	$444.00	60.00%	$296.00	40.00%	4	0.48%	$5,328.00	$3,552.00	$8,880.00	$21,312.00	$14,208.00	$35,520.00
Tufts Navigator Rate Saver EPO	Family	$1,922.00	$1,153.20	60.00%	$768.80	40.00%	7	0.84%	$13,838.40	$9,225.60	$23,064.00	$96,868.80	$64,579.20	$161,448.00
	Individual	$734.00	$440.40	60.00%	$293.60	40.00%	4	0.48%	$5,284.80	$3,523.20	$8,808.00	$21,139.20	$14,092.80	$35,232.00
HPHC Rate Saver EPO	Family	$1,682.00	$1,009.20	60.00%	$672.80	40.00%	32	3.84%	$12,110.40	$8,073.60	$20,184.00	$387,532.80	$258,355.20	$645,888.00
	Individual	$645.00	$387.00	60.00%	$258.00	40.00%	57	6.84%	$4,644.00	$3,096.00	$7,740.00	$264,708.00	$176,472.00	$441,180.00
Fallon Select Rate Saver EPO	Family	$1,483.00	$1,082.59	73.00%	$400.41	27.00%	367	44.06%	$12,991.08	$4,804.92	$17,796.00	$4,767,726.36	$1,763,405.64	$6,531,132.00
	Individual	$550.00	$401.50	73.00%	$148.50	27.00%	213	25.57%	$4,818.00	$1,782.00	$6,600.00	$1,026,234.00	$379,566.00	$1,405,800.00
Fallon Direct Rate Saver EPO	Family	$1,378.00	$1,074.84	78.00%	$303.16	22.00%	92	11.04%	$12,898.08	$3,637.92	$16,536.00	$1,186,623.36	$334,688.64	$1,521,312.00
	Individual	$513.00	$400.14	78.00%	$112.86	22.00%	47	5.64%	$4,801.68	$1,354.32	$6,156.00	$225,678.96	$63,653.04	$289,332.00
							833	100%	Fallon Makes Up		86.31%	$8,125,947.48	$3,173,336.52	$11,299,284.00
									# of Plans		719	71.92%	28.08%	
Harvard Pilgrim Medicare Enhance	Retiree	$328.33	$164.17	50.00%	$164.17	50.00%	185	48.43%	$1,969.98	$1,969.98	$3,939.96	$364,446.30	$364,446.30	$728,892.60
BC/BS Medex II	Retiree	$311.63	$155.82	50.00%	$155.82	50.00%	10	2.62%	$1,869.78	$1,869.78	$3,739.56	$18,697.80	$18,697.80	$37,395.60
Tufts Medicare Prime Suplmt Plus	Retiree	$320.00	$160.00	50.00%	$160.00	50.00%	37	9.69%	$1,920.00	$1,920.00	$3,840.00	$71,040.00	$71,040.00	$142,080.00
BC/BS Managed Blue for Seniors	Retiree	$267.18	$160.31	60.00%	$106.87	40.00%	5	1.31%	$1,923.70	$1,282.46	$3,206.16	$9,618.48	$6,412.32	$16,030.80
Fallon Senior	Retiree	$278.00	$208.50	75.00%	$69.50	25.00%	77	20.16%	$2,502.00	$834.00	$3,336.00	$192,654.00	$64,218.00	$256,872.00
Tufts Medicare Preferred	Retiree	$252.00	$189.00	75.00%	$63.00	25.00%	68	17.80%	$2,268.00	$756.00	$3,024.00	$154,224.00	$51,408.00	$205,632.00
							382		Fallon Makes Up		20.16%	$810,680.58	$576,222.42	$1,386,903.00
Enrollments shown above include SELCO and Surviving Spouses (22)									# of Plans (was 158)		77	58.45%	41.55%	
							1,215					$8,936,628.06	$3,749,558.94	$12,686,187.00
												70.44%	29.56%	

TOWN OF SHREWSBURY
WEST SUBURBAN HEALTH GROUP ACTIVE PLANS 2014-2015

JUNE PAYROLL CHANGES FOR JULY 1, 2011 OPEN-ENROLLMENT

% PAID	PLAN TYPE	TOTAL MONTHLY		TOWN MONTHLY	TOWN 26 P/R BI-WEEKLY*	TOWN 21 P/R BI-WEEKLY**	TOWN * WEEKLY		EMPLOYEE MONTHLY	EMP. 26 P/R BIWEEKLY*	EMP. 21P/R BI-WEEKLY**	EMPLOYEE WEEKLY*		COBRA
INDEMNITY PLANS														
Harvard Pilgrim PPO														
50/50	**FAMILY**	***$4,196.88***		$2,098.44	$968.51	$1,199.11	$484.26		**$2,098.44**	**$968.51**	**$1,199.11**	**$484.26**		$4,280.82
50/50	FAMILY (SS)	***$4,196.88***		$2,098.44	$968.51	$1,199.11	$484.26		$2,098.44	$968.51	$1,199.11	$484.26		
50/50	**INDIVIDUAL**	***$1,890.00***		$945.00	$436.15	$540.00	$218.08		**$945.00**	**$436.15**	**$540.00**	**$218.08**		$1,927.80
50/50	INDIVIDUAL (SS)	***$1,890.00***		$945.00	$436.15	$540.00	$218.08		$945.00	$436.15	$540.00	$218.08		
Tufts POS														
50/50	**FAMILY**	***$4,196.88***		$2,098.44	$968.51	$1,199.11	$484.26		**$2,098.44**	**$968.51**	**$1,199.11**	**$484.26**		$4,280.82
50/50	FAMILY (SS)	***$4,196.88***		$2,098.44	$968.51	$1,199.11	$484.26		$2,098.44	$968.51	$1,199.11	$484.26		
50/50	**INDIVIDUAL**	***$1,890.00***		$945.00	$436.15	$540.00	$218.08		**$945.00**	**$436.15**	**$540.00**	**$218.08**		$1,927.80
50/50	INDIVIDUAL (SS)	***$1,890.00***		$945.00	$436.15	$540.00	$218.08		$945.00	$436.15	$540.00	$218.08		
RATE SAVER HMO PLANS														
BLUE CHOICE RATE SAVER EPO														
60/40	**FAMILY**	***$1,984.00***		$1,190.40	$549.42	$680.23	$274.71		**$793.60**	**$366.28**	**$453.49**	**$183.14**		$2,023.68
50/50	FAMILY (SS)	***$1,984.00***		$992.00	$457.85	$566.86	$228.92		$992.00	$457.85	$566.86	$228.92		
60/40	**INDIVIDUAL**	***$740.00***		$444.00	$204.92	$253.71	$102.46		**$296.00**	**$136.62**	**$169.14**	**$68.31**		$754.80
50/50	INDIVIDUAL (SS)	***$740.00***		$370.00	$170.77	$211.43	$85.38		$370.00	$170.77	$211.43	$85.38		
TUFTS NAVIGATOR RATE SAVER EPO														
60/40	**FAMILY**	***$1,922.00***		$1,153.20	$532.25	$658.97	$266.12		**$768.80**	**$354.83**	**$439.31**	**$177.42**		$1,960.44
50/50	FAMILY (SS)	***$1,922.00***		$961.00	$443.54	$549.14	$221.77		$961.00	$443.54	$549.14	$221.77		
60/40	**INDIVIDUAL**	***$734.00***		$440.40	$203.26	$251.66	$101.63		**$293.60**	**$135.51**	**$167.77**	**$67.75**		$748.68
50/50	INDIVIDUAL (SS)	***$734.00***		$367.00	$169.38	$209.71	$84.69		$367.00	$169.38	$209.71	$84.69		
HPHC RATE SAVER EPO														
60/40	**FAMILY**	***$1,682.00***		$1,009.20	$465.78	$576.69	$232.89		**$672.80**	**$310.52**	**$384.46**	**$155.26**		$1,715.64
50/50	FAMILY (SS)	***$1,682.00***		$841.00	$388.15	$480.57	$194.08		$841.00	$388.15	$480.57	$194.08		
60/40	**INDIVIDUAL**	***$645.00***		$387.00	$178.62	$221.14	$89.31		**$258.00**	**$119.08**	**$147.43**	**$59.54**		$657.90
50/50	INDIVIDUAL (SS)	***$645.00***		$322.50	$148.85	$184.29	$74.42		$322.50	$148.85	$184.29	$74.42		
FALLON SELECT RATE SAVER EPO														
73/27	**FAMILY**	***$1,483.00***		$1,082.59	$499.66	$618.62	$249.83		**$400.41**	**$184.80**	**$228.81**	**$92.40**		$1,512.66
50/50	FAMILY (SS)	***$1,483.00***		$741.50	$342.23	$423.71	$171.12		$741.50	$342.23	$423.71	$171.12		
73/27	**INDIVIDUAL**	***$550.00***		$401.50	$185.31	$229.43	$92.65		**$148.50**	**$68.54**	**$84.86**	**$34.27**		$561.00
50/50	INDIVIDUAL (SS)	***$550.00***		$275.00	$126.92	$157.14	$63.46		$275.00	$126.92	$157.14	$63.46		
FALLON DIRECT RATE SAVER EPO														
78/22	**FAMILY**	***$1,378.00***		$1,074.84	$496.08	$614.19	$248.04		**$303.16**	**$139.92**	**$173.23**	**$69.96**		$1,405.56
50/50	FAMILY (SS)	***$1,378.00***		$689.00	$318.00	$393.71	$159.00		$689.00	$318.00	$393.71	$159.00		
78/22	**INDIVIDUAL**	***$513.00***		$400.14	$184.68	$228.65	$92.34		**$112.86**	**$52.09**	**$64.49**	**$26.04**		$523.26
50/50	INDIVIDUAL (SS)	***$513.00***		$256.50	$118.38	$146.57	$59.19		$256.50	$118.38	$146.57	$59.19		

(SS) REPRESENTS SURVIVING SPOUSE

**** PLEASE NOTE BI-WEEKLY & WEEKLY DEDUCTIONS ARE BASED ON 26 & 52 WEEK PAYROLLS RESPECTIVELY.***

*****SCHOOL EMPLOYEES PAID ON 21 BI-WEEKLY P/R (5 BI-WEEKLY SUMMER DEDUCTIONS ARE INCLUDED IN THE RATES)***

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Exhibit 4

GIC Option Based on Fiscal Year 2014 Rates

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Summary of FY 2014 Health Insurance Program
GIC Option

Plan	Type	Premium	Town Share	Percent	Employee/ Retiree Share	Percent	# of Participants	% of Plans	Town Share (Annual)	Employee/ Retiree Share (Annual)	Total	Town Share Budget	Employee/ Retiree Share Budget	Total
UniCare State Indemnity Plan	Family	$2,149.50	$1,074.75	50.00%	$1,074.75	50.00%	0	0.00%	$12,897.00	$12,897.00	$25,794.00	$0.00	$0.00	$0.00
	Individual	$920.94	$460.47	50.00%	$460.47	50.00%	5	0.60%	$5,525.64	$5,525.64	$11,051.28	$27,628.20	$27,628.20	$55,256.40
Tufts Health Plan Navigator (PPO)	Family	$1,521.18	$912.71	60.00%	$608.47	40.00%	12	1.44%	$10,952.50	$7,301.66	$18,254.16	$131,429.95	$87,619.97	$219,049.92
	Individual	$627.17	$376.30	60.00%	$250.87	40.00%	8	0.96%	$4,515.62	$3,010.42	$7,526.04	$36,124.99	$24,083.33	$60,208.32
HPHC Primary Choice (HMO)	Family	$1,328.81	$797.29	60.00%	$531.52	40.00%	32	3.84%	$9,567.43	$6,378.29	$15,945.72	$306,157.82	$204,105.22	$510,263.04
	Individual	$544.59	$326.75	60.00%	$217.84	40.00%	57	6.84%	$3,921.05	$2,614.03	$6,535.08	$223,499.74	$148,999.82	$372,499.56
Fallon Select Rate Saver (HMO)	Family	$1,424.28	$1,039.72	73.00%	$384.56	27.00%	367	44.06%	$12,476.69	$4,614.67	$17,091.36	$4,578,946.26	$1,693,582.86	$6,272,529.12
	Individual	$593.45	$433.22	73.00%	$160.23	27.00%	213	25.57%	$5,198.62	$1,922.78	$7,121.40	$1,107,306.49	$409,551.71	$1,516,858.20
Fallon Direct Rate Saver (HMO)	Family	$1,132.26	$883.16	78.00%	$249.10	22.00%	92	11.04%	$10,597.95	$2,989.17	$13,587.12	$975,011.73	$275,003.31	$1,250,015.04
	Individual	$471.78	$367.99	78.00%	$103.79	22.00%	47	5.64%	$4,415.86	$1,245.50	$5,661.36	$207,545.46	$58,538.46	$266,083.92
							833	100%	Fallon Makes Up		86.31%	$7,593,650.64	$2,929,112.88	$10,522,763.52
									# of Plans		719	72.16%	27.84%	
Harvard Pilgrim Medicare Enhance	Retiree	$395.19	$197.60	50.00%	$197.60	50.00%	195	51.05%	$2,371.14	$2,371.14	$4,742.28	$462,372.30	$462,372.30	$924,744.60
Tufts Medicare Complement	Retiree	$385.92	$192.96	50.00%	$192.96	50.00%	42	10.99%	$2,315.52	$2,315.52	$4,631.04	$97,251.84	$97,251.84	$194,503.68
Fallon Senior	Retiree	$291.08	$203.76	70.00%	$87.32	30.00%	77	20.16%	$2,445.07	$1,047.89	$3,492.96	$188,270.54	$80,687.38	$268,957.92
Tufts Medicare Preferred	Retiree	$266.83	$186.78	70.00%	$80.05	30.00%	68	17.80%	$2,241.37	$960.59	$3,201.96	$152,413.30	$65,319.98	$217,733.28
							382					$900,307.98	$705,631.50	$1,605,939.48
Enrollments shown above include SELCO and Surviving Spouses (22)												56.06%	43.94%	
							1,215					$8,493,958.62	$3,634,744.38	$12,128,703.00
												70.03%	29.97%	

Effective July 1, 2013
Full Cost Rates Including the 0.50% Administrative Fee

! For the rate you will pay as a municipal employee or retiree/survivor, see separate rate chart from your municipality.

Employee and Non-Medicare Retiree/Survivor Health Plans

HEALTH PLAN	PLAN TYPE	INDIVIDUAL	FAMILY
Fallon Community Health Plan Direct Care	HMO	$471.78	$1,132.26
Fallon Community Health Plan Select Care	HMO	593.45	1,424.28
Harvard Pilgrim Independence Plan	PPO	680.75	1,661.01
Harvard Pilgrim Primary Choice Plan	HMO	544.59	1,328.81
Health New England	HMO	459.40	1,138.95
NHP Care *(Neighborhood Health Plan)*	HMO	457.91	1,213.45
Tufts Health Plan Navigator	PPO	627.17	1,521.18
Tufts Health Plan Spirit	HMO-type	505.07	1,223.25
UniCare State Indemnity Plan/Basic with CIC (Comprehensive)	Indemnity	920.94	2,149.50
UniCare State Indemnity Plan/Basic without CIC (Non-Comprehensive)	Indemnity	879.28	2,052.87
UniCare State Indemnity Plan/Community Choice	PPO-type	428.78	1,029.06
UniCare State Indemnity Plan/PLUS	PPO-type	624.55	1,490.51

Medicare Plans

Health Plan	PLAN TYPE	PER PERSON
Fallon Senior Plan*	Medicare *(HMO)*	$291.08
Harvard Pilgrim Medicare Enhance	Medicare *(Indemnity)*	395.19
Health New England MedPlus	Medicare *(HMO)*	363.49
Tufts Health Plan Medicare Complement	Medicare *(HMO)*	385.92
Tufts Health Plan Medicare Preferred*	Medicare *(HMO)*	266.83

UniCare State Indemnity Plan/Medicare Extension (OME) with CIC *(Comprehensive)*	Medicare *(Indemnity)*	381.22
UniCare State Indemnity Plan/Medicare Extension (OME) without CIC *(Non-Comprehensive)*	Medicare *(Indemnity)*	370.28

**Benefits and rates of Fallon Senior Plan and Tufts Health Plan Medicare Preferred are subject to federal approval and changed on January 1, 2014.*

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Exhibit 5

Comparisons of Various Options
Employee/Retiree Contributions
As Well As For The Entire HIP

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Employee/Retiree Contribution
Comparison of FY 2015 HIP Proposal With FY 2014 and GIC and With Status Quo With Shift

Plan	Type	FY 2014 Current	FY 2015 Benchmark Proposed With Shift*	FY 2015 Difference	FY 2015 Annual	FY 2015 Status Quo With Shift*	FY 2015 Difference	FY 2015 Annual	Annual Difference Proposed to Status Quo
Harvard Pilgrim PPO	Family	$1,943.00	$2,098.44	$155.44	$1,865.28	$2,098.44	$155.44	$1,865.28	$0.00
	Individual	$875.00	$945.00	$70.00	$840.00	$945.00	$70.00	$840.00	$0.00
Tufts POS	Family	$1,943.00	$2,098.44	$155.44	$1,865.28	$2,098.44	$155.44	$1,865.28	$0.00
	Individual	$875.00	$945.00	$70.00	$840.00	$945.00	$70.00	$840.00	$0.00
Blue Choice Rate Saver EPO	Family	$674.00	$765.60	$91.60	$1,099.20	$793.60	$119.60	$1,435.20	($336.00)
	Individual	$251.20	$285.60	$34.40	$412.80	$296.00	$44.80	$537.60	($124.80)
Tufts Navigator Rate Saver EPO	Family	$675.20	$741.60	$66.40	$796.80	$768.80	$93.60	$1,123.20	($326.40)
	Individual	$258.00	$283.20	$25.20	$302.40	$293.60	$35.60	$427.20	($124.80)
HPHC Rate Saver EPO	Family	$636.00	$649.20	$13.20	$158.40	$672.80	$36.80	$441.60	($283.20)
	Individual	$244.00	$248.80	$4.80	$57.60	$258.00	$14.00	$168.00	($110.40)
Fallon Select Rate Saver EPO	Family	$394.20	$386.64	($7.56)	($90.72)	$400.41	$6.21	$74.52	($165.24)
	Individual	$146.34	$143.64	($2.70)	($32.40)	$148.50	$2.16	$25.92	($58.32)
Fallon Direct Rate Saver EPO	Family	$298.54	$292.82	($5.72)	($68.64)	$303.16	$4.62	$55.44	($124.08)
	Individual	$111.10	$108.90	($2.20)	($26.40)	$112.86	$1.76	$21.12	($47.52)
Harvard Pilgrim Medicare Enhance	Retiree	$164.17	$164.17	$0.00	$0.00	$164.17	$0.00	$0.00	$0.00
BC/BS Medex II	Retiree	$155.82	$155.82	$0.00	$0.00	$155.82	$0.00	$0.00	$0.00
Tufts Medicare Prime Suplmt Plus	Retiree	$160.00	$160.00	$0.00	$0.00	$160.00	$0.00	$0.00	$0.00
BC/BS Managed Blue for Seniors	Retiree	$106.87	$106.87	$0.00	$0.00	$106.87	$0.00	$0.00	$0.00
Fallon Senior*	Retiree	$69.50	$83.40	$13.90	$166.80	$83.40	$13.90	$166.80	$0.00
Tufts Medicare Preferred*	Retiree	$63.00	$75.60	$12.60	$151.20	$75.60	$12.60	$151.20	$0.00

Employee/Retiree Contribution

Comparison of FY 2015 HIP Proposal With FY 2014 and GIC and With Status Quo With Shift

			GIC Option			FY 2015			FY 2015			
Plan	Type	FY 2014 Current	FY 2014 Current	Difference	Annual	Benchmark Proposed With Shift*	Difference	Annual	Status Quo With Shift*	Difference	Annual	Annual Difference Proposed to Status Quo
Harvard Pilgrim PPO	Family	$1,943.00	$1,074.75	($868.25)	($10,419.00)	$2,098.44	$155.44	$1,865.28	$2,098.44	$155.44	$1,865.28	$0.00
	Individual	$875.00	$460.47	($414.53)	($4,974.36)	$945.00	$70.00	$840.00	$945.00	$70.00	$840.00	$0.00
Tufts POS	Family	$1,943.00				$2,098.44	$155.44	$1,865.28	$2,098.44	$155.44	$1,865.28	$0.00
	Individual	$875.00				$945.00	$70.00	$840.00	$945.00	$70.00	$840.00	$0.00
Blue Choice Rate Saver EPO	Family	$674.00				$765.60	$91.60	$1,099.20	$793.60	$119.60	$1,435.20	($336.00)
	Individual	$251.20				$285.60	$34.40	$412.80	$296.00	$44.80	$537.60	($124.80)
Tufts Navigator Rate Saver EPO	Family	$675.20	$608.47	($66.73)	($800.74)	$741.60	$66.40	$796.80	$768.80	$93.60	$1,123.20	($326.40)
	Individual	$258.00	$250.87	($7.13)	($85.58)	$283.20	$25.20	$302.40	$293.60	$35.60	$427.20	($124.80)
HPHC Rate Saver EPO	Family	$636.00	$531.52	($104.48)	($1,253.71)	$649.20	$13.20	$158.40	$672.80	$36.80	$441.60	($283.20)
	Individual	$244.00	$217.84	($26.16)	($313.97)	$248.80	$4.80	$57.60	$258.00	$14.00	$168.00	($110.40)
Fallon Select Rate Saver EPO	Family	$394.20	$384.56	($9.64)	($115.73)	$386.64	($7.56)	($90.72)	$400.41	$6.21	$74.52	($165.24)
	Individual	$146.34	$160.23	$13.89	$166.70	$143.64	($2.70)	($32.40)	$148.50	$2.16	$25.92	($58.32)
Fallon Direct Rate Saver EPO	Family	$298.54	$249.10	($49.44)	($593.31)	$292.82	($5.72)	($68.64)	$303.16	$4.62	$55.44	($124.08)
	Individual	$111.10	$103.79	($7.31)	($87.70)	$108.90	($2.20)	($26.40)	$112.86	$1.76	$21.12	($47.52)
Harvard Pilgrim Medicare Enhance	Retiree	$164.17	$197.60	$33.43	$401.10	$164.17	$0.00	$0.00	$164.17	$0.00	$0.00	$0.00
BC/BS Medex II	Retiree	$155.82				$155.82	$0.00	$0.00	$155.82	$0.00	$0.00	$0.00
Tufts Medicare Prime Suplmt Plus	Retiree	$160.00	$192.96	$32.96	$395.52	$160.00	$0.00	$0.00	$160.00	$0.00	$0.00	$0.00
BC/BS Managed Blue for Seniors	Retiree	$106.87				$106.87	$0.00	$0.00	$106.87	$0.00	$0.00	$0.00
Fallon Senior*	Retiree	$69.50	$87.32	$17.82	$213.89	$83.40	$13.90	$166.80	$69.50	$0.00	$0.00	$166.80
Tufts Medicare Preferred*	Retiree	$63.00	$80.05	$17.05	$204.59	$75.60	$12.60	$151.20	$63.00	$0.00	$0.00	$151.20

Comparisons of Various Options
Fiscal Year 2015 HIP

Option	Employer Cost	Employee/ Retiree Cost	Total Cost	Employer Change Over FY 2014 Status Quo HIP	Employee/ Retiree Change Over FY 2014	Plan Design Changes
Current FY 2014 HIP	$8,758,047.78	$3,663,791.22	$12,421,839.00	N/A	N/A	N/A
Proposed	$8,637,087.30	$3,665,651.70	$12,302,739.00	($120,960.48)	$1,860.48	Yes
Status Quo - Shift	$8,913,502.86	$3,772,684.14	$12,686,187.00	$155,455.08	$108,892.92	No
Status Quo - No Shift	$8,936,628.06	$3,749,558.94	$12,686,187.00	$178,580.28	$85,767.72	No
GIC (FY 2014 Rates)	$8,493,958.62	$3,634,744.38	$12,128,703.00	($264,089.16)	($29,046.84)	Yes
Variance Proposed to GIC	$143,128.68	$30,907.32	$174,036.00	$143,128.68	$30,907.32	
Variance Status Quo (No Shift) to GIC	$419,544.24	$137,939.76	$557,484.00	$419,544.24	$137,939.76	
Variance Status Quo (Shift) to GIC	$442,669.44	$114,814.56	$557,484.00	$442,669.44	$114,814.56	

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Exhibit 6

Provider Materials on How Deductibles Work

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Benchmark vs. Rate Saver comparison

Prepared for the Town of Shrewsbury – February 2014

See table below for similarities and differences between Rate Saver and Benchmark plan options within the Direct Care and Select Care networks offered by Fallon Health. Direct Care members enjoy a $500/$250 It Fits! reimbursement, while Select Care members get a $400/$200 reimbursement.

	Rate Saver *(Select Care and Direct Care)*	**Benchmark** *(Select Care and Direct Care)*
Deductible The amount of allowed charges you pay per benefit year before payment is made by Fallon for certain covered services.	Not applicable	**$250 individual/$750 family**
Benefits	**Copayments**	
Routine physical exams	$0 per visit	$0 per visit
PCP office visits	$20 per visit	$20 per visit
Specialist office visits	$35 per visit	$35 per visit
Routine eye exams *(one every 12 months)*	$0 per visit	$0 per visit
Short-term rehabilitative services *(60 visits per illness or injury)*	$20 per visit	$20 per visit
Preventive services	Covered in full	Covered in full
Diagnostic services	Covered in full	Covered in full **after deductible**
Imaging (CAT, PET, MRI)	Covered in full	**$100 copayment then deductible**
Chiropractic care *(12 visits per calendar year)*	$20 per visit	$20 per visit
Retail prescription drugs *(including oral contraceptives, insulin and insulin syringes)*	$10/$25/$45 (30-day supply)	$10/$25/**$50** (30-day supply)
Mail order prescription drugs	$20/$50/$90 (90-day supply)	$20/$50/**$110** (90-day supply)
Emergency room	$75 per visit (waived if admitted)	**$100 copayment then deductible**
Inpatient room and board	$250 copayment	**$300 copayment then deductible**
Inpatient care services and maternity care	$250 copayment	**$300 copayment then deductible**
Same-day surgery	$125 per surgery	**$150 per surgery then deductible**
Out-of-pocket max *(Individual/Family)*	$1,000 individual/$2,000 family	**$2,000 individual/$4,000 family**
It Fits! reimbursement	$200 individual/$400 family (Select Care) $250/$500 (Direct Care)	$200 individual/$400 family (Select Care) $250/$500 (Direct Care)

Direct Care is a limited provider network. This plan provides access to a network that is smaller than Select Care. In this plan, members have access to network benefits only from the providers in Direct Care. Please consult the Direct Care provider directory—a paper copy can be requested by calling our Customer Service Department at 1-800-868-5200—or visit the provider search tool at fallonhealth.org to determine which providers are included in Direct Care.

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How your deductible plan works

For members of Fallon Community Health Plan

You may already be familiar with the term deductible. A deductible is a specific payment made toward the cost of a claim. In the case of health insurance, your deductible is a set dollar amount that you must pay out of your pocket before your health insurance plan will pay for certain services.

Preventive versus diagnostic—and why you need to know the difference.

As a general rule, you do not have to pay a deductible for preventive services. For these types of services, you may have to pay a copayment (where you pay a set dollar amount for services). However, once you've paid your deductible in full for the year, you won't pay towards your deductible again until the following year.

What is considered "preventive?" Something you have done routinely or regularly to prevent illness, such as getting a flu shot. But if you go to the doctor every few months to monitor an existing illness to prevent it from getting worse, that's considered treatment, or a diagnostic service. For example, if you have diabetes and go in for a quarterly checkup for bloodwork, that's a diagnostic service.

There are limits to what you will have to pay.

Once you have paid your annual deductible amount, you will have to pay a copayment for certain services, like inpatient hospital stays and same-day surgery—but only until you hit your out-of-pocket maximum (OOPM). The OOPM is a limit to how much you will have to pay out of your own pocket each year for those services.

Your deductible, as well as some copayments, will count toward the OOPM. Bear in mind, though, your monthly premium does not. The specific items that count toward the OOPM for your particular plan can be found in your Schedule of Benefits.

And, with Fallon Community Health Plan, there is a maximum amount of $250 that any one family member will pay towards the deductible.

fallon community health plan

This chart shows you what services are subject to the deductible, what services are not, and for what services you will only have to pay a copayment.

You pay until you reach your deductible amount, then no charge:

- Diagnostic services (lab tests, X-rays, EKGs, etc.)

Subject to a copayment, then you pay until you reach your deductible amount:

- Emergency room visit (copayment waived if you are admitted to the hospital)
- Inpatient hospital stays
- Same-day surgery
- Imaging (CAT, PET, MRI scans; Nuclear cardiology)
- Skilled nursing

You don't pay a deductible, covered in full* with no copayment:

- Annual wellness visits with your PCP
- Annual vision exams
- Preventive screenings, including:
  - Cholesterol screenings
  - Hepatitis C screenings
  - HIV testing
  - Hypertension screenings
  - Immunizations
  - Lead testing
  - Mammograms
  - Pap tests
  - Routine urinalysis

You don't pay a deductible, copayment only:

- Office visits for illness or injury with a PCP or specialist
- Chiropractic care
- Short-term rehabilitation services
- Speech therapy

Remember, this is a snapshot of how your deductible plan works. For complete plan details, please refer to the Fallon Community Health Plan *Member Handbook* and Schedule of Benefits. If you have any questions about your health insurance plan, please call us.

1-800-868-5200 (TTY users, please call TRS Relay 711)

Monday through Friday, 8 a.m. to 6 p.m.

fchp.org

* Certain restrictions may apply.

12-715-155 Rev. 00 2/12

Sample Health Benefits Statement

Your FCHP health plan has a deductible requirement. A deductible is a flat dollar amount that you must pay out of pocket before FCHP will make payments towards the benefits that are subject to the deductible.

When you receive health care services with expenses that are subject to the deductible, it will be included in your monthly Health Benefits Statement to show how the service has been paid and what you may be responsible for paying.

Your provider will also send you a bill for any amount due, and you should pay your provider directly. Once you have fulfilled the deductible amount, all covered services will be paid by FCHP, and you will be responsible to pay the applicable copayments or coinsurance amounts.

Fallon Community Health Plan
10 Chestnut St.
Worcester, MA 01608

fallon community health plan

Jane Sample
123 Main St.
Anytown, MA 00000

Subscriber: John Sample
Subscriber ID: 000000000
Date: 01/01/2010
Member name: Jane Sample
Member DOB: 12/31/1970
Contract number: 1234567891

Health Benefits Statement

This Statement of Health Benefits shows your recent health care services that have been paid and your deductible amount to date. If you are responsible for any payment, you may have already received a bill directly from the provider of service or will receive one depending on the date the claim is processed.

Please keep this statement for your records. If you have any questions regarding your Health Benefits Statement, please contact Fallon Community Health Plan at 1-800-868-5200 (TDD/TTY: 1-877-608-7677), Monday through Friday from 8 a.m. to 6 p.m., or visit fchp.org.

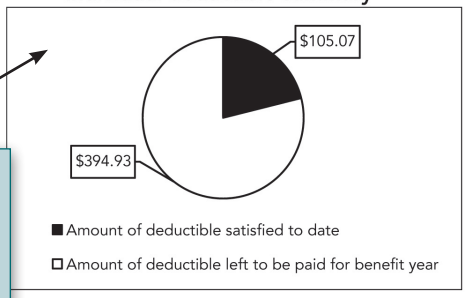
Date range of your benefit year.

Summary for 01/01/10-12/31/10

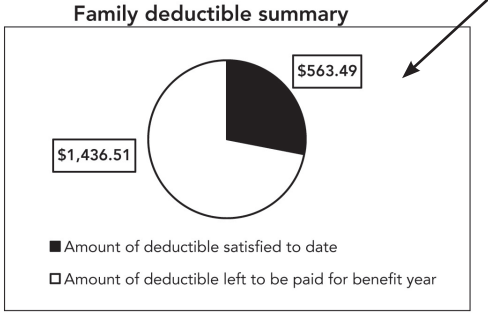
To date you have satisfied $105.07 of your $500.00 individual deductible for the benefit year.
$563.00 has been satisfied of the $2000.00 family deductible for the benefit year.
The amount that has been accumulated toward the benefit year out-of-pocket amount is $0.00.

If you are on a family plan, this chart shows how much is satisfied of the **family** deductible amount.

Individual deductible summary



Family deductible summary



This chart shows how much you have satisfied of the **individual** deductible amount.

Once you have paid the total deductible amounts for the benefit year, FCHP will pay for certain covered services. Please refer to your *Member Handbook/Evidence of Coverage*, Amendments and Schedule of Benefits for information on covered services.

Questions? Please call FCHP Customer Service at 1-800-868-5200 (TDD/TTY: 1-877-608-7677).

Claim number: 123456789
Date(s) of service: 01/04/10 **Provider of service name:** Dr. John A. Doctor

Procedure description	Your provider charged	Amount FCHP allows provider to charge for this service	Amount applied to your deductible	Coinsurance amount paid	Copay amount paid	Benefit Adjustment	Amount FCHP has paid for this claim
Medical Services	$175.00	$124.30	$0.00	$0.00	$0.00	$0.00	$124.30

Claim number: 234567891
Date(s) of service: 01/04/10 **Provider of service name:** Dr. John A. Doctor

Procedure description	Your provider charged	Amount FCHP allows provider to charge for this service	Amount applied to your deductible	Coinsurance amount paid	Copay amount paid	Benefit Adjustment	Amount FCHP has paid for this claim
Pharmacy charges	$28.00	$28.00	28.00	$0.00	$0.00	$0.00	$0.00

Claim number: 345678912
Date(s) of service: 01/04/10 **Provider of service name:** Dr. John A. Doctor

Procedure description	Your provider charged	Amount FCHP allows provider to charge for this service	Amount applied to your deductible	Coinsurance amount paid	Copay amount paid	Benefit Adjustment	Amount FCHP has paid for this claim
Pharmacy charges	$45.58	$45.58	$45.58	$0.00	$0.00	$0.00	$0.00

These tables outline each claim processed for a service you have received.

They show all of the payment information related to the claim. If you owe anything to the provider, please check this statement to make sure the bill is correct.

How to read this statement
Please follow the key below for explanations of each item number.

1. **Claim number:** 123456789
2. **Date(s) of service:** 01/04/10 3. **Provider of service name:** Dr. John A. Doctor

4. Procedure description	5. Your provider charged	6. Amount FCHP allows provider to charge for this service	7. Amount applied to your deductible	8. Coinsurance amount paid	9. Copay amount paid	10. Benefit Adjustment	11. Amount FCHP has paid for this claim	12. Remark Code:

1. **Claim number:** The number assigned to your claim by Fallon Community Health Plan.
2. **Date of service:** The date that the service was received.
3. **Provider of service name:** The name of the provider or facility where the service was received.
4. **Procedure description:** A brief description of the service that was received.
5. **Your provider charged:** The full amount billed to Fallon Community Health Plan by the provider or facility.
6. **Amount FCHP allows provider to charge for this service:** The amount that Fallon Community Health Plan has agreed to pay the provider or facility once any applicable adjustments have been applied. You are not responsible for paying more than this amount.
7. **Amount applied to your deductible:** The amount that you pay toward your deductible. This is a dollar amount that must be paid before Fallon Community Health Plan starts to pay for certain covered services. Please refer to your *Member Handbook/Evidence of Coverage*, Amendments and Schedule of Benefits for detailed information on covered services. This will help you determine which services are subject to a deductible.
8. **Coinsurance amount paid:** The amount of coinsurance paid. Coinsurance is a percentage that you must pay before Fallon Community Health Plan starts to pay for certain covered services. Please refer to your *Member Handbook/Evidence of Coverage*, Amendments and Schedule of Benefits for detailed information on covered services. This will help you determine which services are subject to coinsurance.
9. **Copay amount paid:** The amount you paid to the provider of service at the time the service was received. Copayments do not count toward your deductible.
10. **Benefit adjustment:** Any amount you may be responsible for if you have exceeded the maximum benefit limit for a covered service or may incur for not following medical management procedures. Please refer to your *Member Handbook/Evidence of Coverage* which describes service registration guidelines. Benefit adjustment amounts do not count toward your deductible.
11. **Amount FCHP has paid for this claim:** The amount Fallon Community Health Plan has paid the provider of service for this claim.

Other terms:

Out-of-pocket maximum amount: The limit to how much you'll have to pay out of your own pocket each year. Once the calendar year out-of-pocket amount is satisfied, you will be covered in full for in-network covered benefits.

Questions? Please call FCHP Customer Service at 1-800-868-5200 (TDD/TTY: 1-877-608-7677).

This page provides more information about how to read the statement.

HOW IT WORKS:

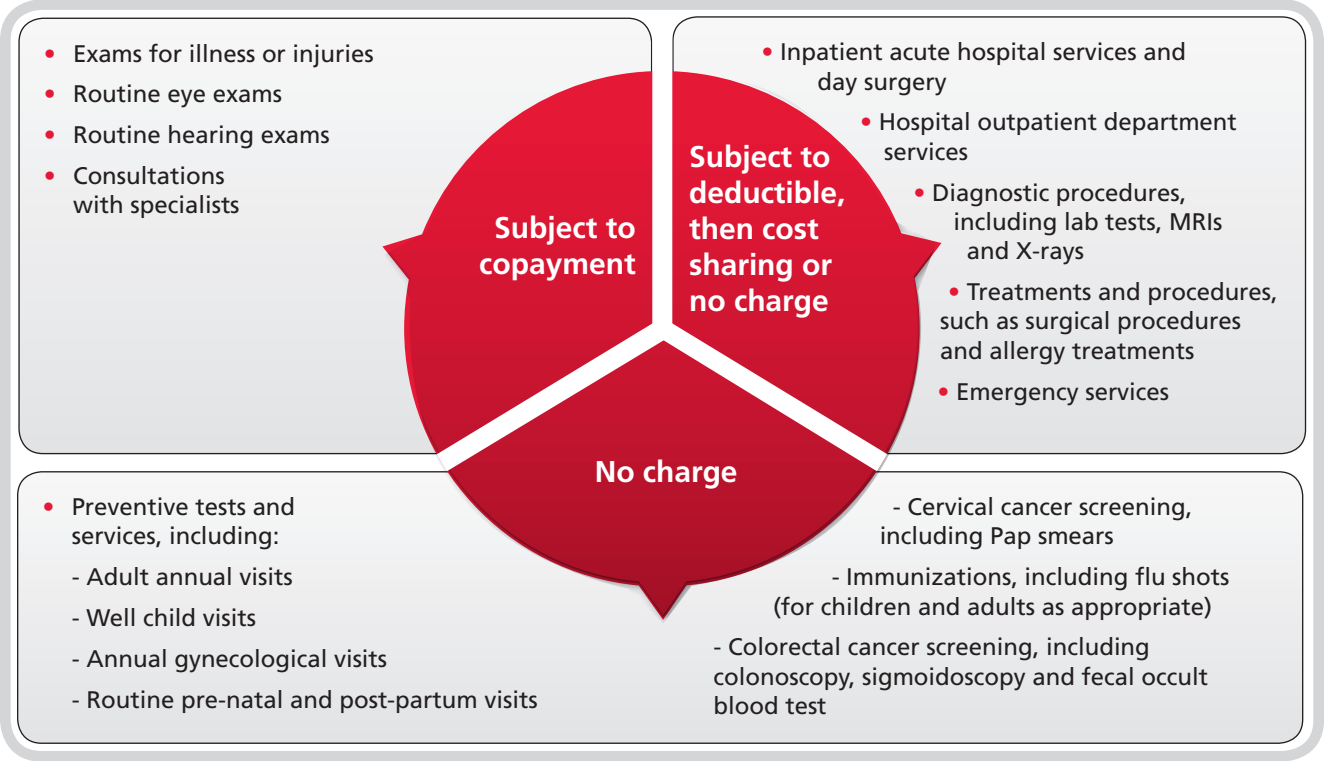
The Harvard Pilgrim Best Buy HMO *Massachusetts*

The Harvard Pilgrim Best Buy HMO offers Harvard Pilgrim's high-quality coverage at a more affordable premium than a traditional HMO.

- **You'll choose a primary care provider (PCP) to deliver or arrange for your medical care.**
- **For some services you will pay a copayment.**
- **For other services you must first satisfy a deductible.**
- **Certain tests and screenings are covered at no charge.**
- **When you travel and need unforeseen care, your coverage travels with you.**

How services are covered

These are examples of covered services under a typical Best Buy HMO. The *Schedule of Benefits* has more details on benefits and cost sharing. It governs in the event that the information in this document is different. See the next page for an example of the out-of-pocket costs you may have with a doctor's visit.



Please note: Services you receive during different kinds of visits and exams may be subject to the deductible.

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Harvard Pilgrim Health Care

EXAMPLE: You visit your PCP's office because you are injured, and your PCP sends you for an X-ray.

- Exams for injuries are subject to an office visit copayment. Your copayment does not apply toward your deductible amount.
- X-rays are subject to the deductible. If you have not yet paid the full, annual deductible, you pay all charges for the X-ray up to the deductible amount. If you have already paid the full, annual deductible amount, you pay nothing for the X-ray (assuming your plan does not have additional cost sharing for X-rays).

In summary, you would be responsible for the copayment for the exam, plus charges for the X-ray if you had not yet met your total deductible.

Your PCP's role

Your PCP is the doctor, physician's assistant or nurse practitioner who will see you for routine check-ups and treat you when you're sick or injured. If you need care from a specialist, you will need a referral from your PCP.

It's very important for you to choose a PCP when you enroll. If you do not choose a PCP, we will assign one to you. You must have your PCP provide your care (except in emergencies) and give you a referral for most kinds of specialty care in order for Harvard Pilgrim to provide coverage for the service.

Finding a PCP is easy

To find a PCP:

- Use our online directory (updated weekly) at **www.harvardpilgrim.org/providerdirectory.**
- Call one of our representatives (see "Questions?" at the end of this document for phone numbers).
- Use our printed *Provider Directory* (your employer may have a copy, or you can call Harvard Pilgrim to request one).

If you will have dependents on your plan, each can have a different PCP. Please write the PCPs' names and provider ID codes in the designated spaces on your enrollment form. If your employer uses *HPHConnect*, Harvard Pilgrim's Web-based transaction service, you may be able to enroll online at **www.harvardpilgrim.org.**

Once you're a member, you can choose a different Harvard Pilgrim PCP for any reason. Just call Member Services or use *HPHConnect* to make a change.

GLOSSARY

COPAYMENT: A dollar amount you pay for certain covered services. The copayment is due at the time of your visit or when the provider bills you. Copayments are always fixed dollar amounts.

Some plans have two levels of copayments for office visits. What you pay depends on the type of provider you visit, the service you receive or the location of the service.

DEDUCTIBLE: A dollar amount you must pay annually before certain services are covered under your health plan. This means you may have to pay all or part of a bill for services, until you have paid your total deductible amount. Some plans may require you to pay copayments or coinsurance after you pay your annual deductible.

COINSURANCE: A percentage of the cost of covered services that you must pay after you have paid your full, annual deductible amount.

The *Schedule of Benefits* has more details on benefits and cost sharing. It governs in the event that the information in this document is different.

Facts about referrals

If you need specialty care, you will need a referral from your PCP. Referrals are not necessary for some services, such as routine eye exams (if covered under your plan) or most gynecological care.

While there are many providers who take care of Harvard Pilgrim members, your PCP will usually send you to a specialist affiliated with his or her own practice. If you need to visit a cardiologist, for example, your PCP will refer you to someone in a local medical practice or hospital with which he or she is affiliated.

PCPs typically develop strong working relationships with particular specialists. This helps them collaborate more effectively on their patients' care and helps ensure excellent communication, appropriate treatment and higher-quality care.

Whenever you need specialty care, feel free to ask your PCP about the referral process and why he or she recommends a certain specialist. Your PCP may occasionally make a referral outside his or her usual network of specialists, but only if the expertise needed to handle a particular case is not available from a specialist affiliated with his or her own practice.

Please note: If you have a Focus Network℠ plan, additional rules for obtaining specialty care from Focus Network Authorized Access providers apply. See the *Schedule of Benefits* for details.

Coverage when you're traveling

When you're away, you're covered for care you may need if you become sick or injured. Harvard Pilgrim covers unexpected or unforeseen care (e.g., for earaches, flu, etc.) when you're traveling outside the state in which you live.

Coverage in an emergency

In an emergency (e.g., heart attack, stroke, choking, seizure or loss of consciousness), go to the nearest emergency facility or call 911 or another local emergency number. If you are hospitalized, you or someone else must call Harvard Pilgrim within 48 hours, or as soon as you can. If your attending physician notifies your PCP, this requirement will be met. Your PCP will arrange for any follow-up care you may need.

With the Best Buy HMO, emergency services are subject to the deductible. Once you meet the deductible, an emergency room copayment applies. This copayment is waived if you are admitted directly to the hospital from the emergency room.

Be well, save money and more

Learn about different health topics and ways to be well. Keep more money in your wallet with discounts on eyewear and fitness and nutrition programs. Look up your plan details and find out about typical costs for tests and procedures. Visit **www.harvardpilgrim.org** to learn more.

Questions?

If you're already a member, call Member Services with questions at **(888) 333-4742.** For TTY service, call **(800) 637-8257.**

If you're not yet a member, call **(800) 848-9995.**

To learn more about us in general, visit **www.harvardpilgrim.org.**

Four Facts: The Harvard Pilgrim Best Buy HMO – *Massachusetts*

1 Your plan includes a deductible.

- A **deductible** is an amount you must pay annually for certain covered services. Once you have paid the deductible you may be covered for these services for the rest of the year; with some plans you may have to pay cost sharing (e.g., copayments or coinsurance) for certain services after you meet the deductible. See the *Schedule of Benefits* for details.
- Under an individual membership, a member is responsible for paying the individual deductible each year.
- Under a family membership, there is usually both an individual deductible and a family deductible. The family deductible is met when the combined deductible payments of any covered family members add up to the family deductible amount. The most each member can contribute toward the yearly family deductible is equal to the individual deductible amount.

2 For services that do not apply to the deductible, there is either a copayment or no charge.

- The chart on the other side of this page provides an overview of the services that require a copayment, those for which there is no charge, and those that are subject to the deductible.
- Office visits or hospital visits may include some services that are not subject to the deductible and others that are subject to the deductible.
- Some plans have two levels of copayments for office visits. What you pay depends on the type of provider you visit, the service you receive or the location of the service. See the *Schedule of Benefits* for details.
- Copayments do not count toward your deductible.

3 Emergency room services are subject to the deductible and then a copayment.

- After the deductible has been met, you will be responsible for the emergency room copayment.
- However, if you are admitted directly to the hospital from the emergency room, you do not have to pay the emergency room copayment.

4 Harvard Pilgrim will send you an Activity Summary for services you receive.

- The Activity Summary is not a bill. It lists the services you received, any payments Harvard Pilgrim made to the provider for your care, and any amounts you may owe the provider.
- Your provider will bill you separately. Compare the provider's bill with your Harvard Pilgrim statement to verify the services you received and any amounts you may have paid or still may owe to the provider.
- Contact a Member Services representative with questions about your statements or your annual deductible balance.

If you have any questions about your Best Buy HMO coverage, please call the Member Services department at **(888) 333-4742.** For TTY service, call (800) 637-8257.

This product is offered in Massachusetts to members who purchase coverage themselves and to members enrolled through Massachusetts-based employers.

Harvard Pilgrim Health Care

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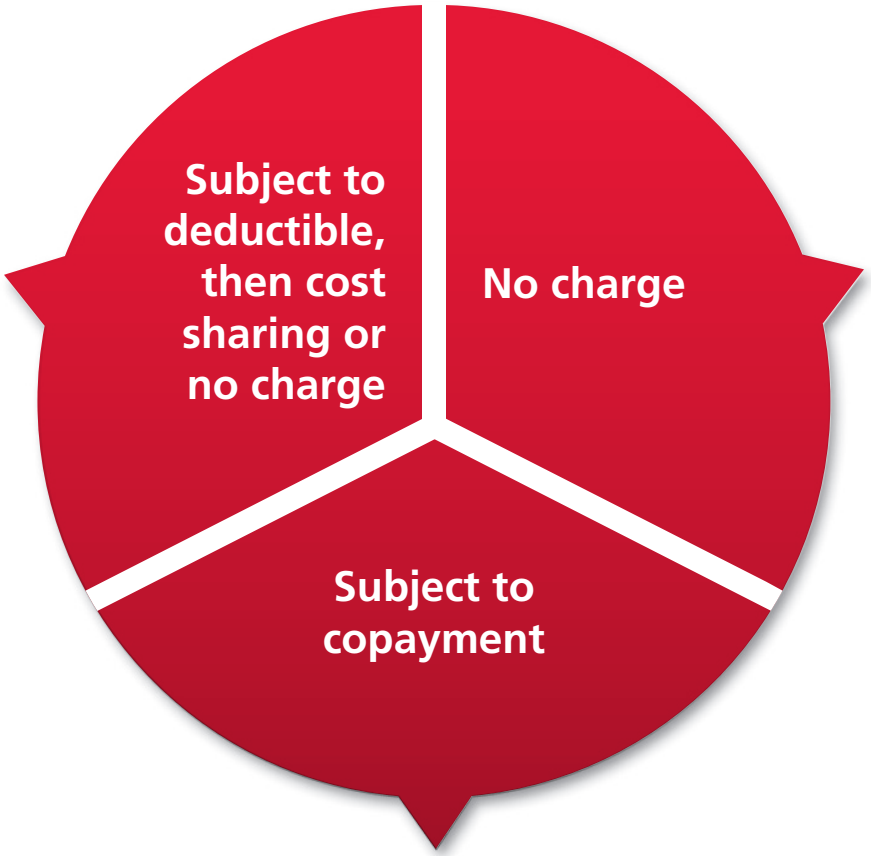
The Harvard Pilgrim Best Buy HMO – *Massachusetts*

These are partial lists of covered services. Refer to the *Schedule of Benefits* for details and a complete list of benefits. The *Schedule of Benefits* governs in any case in which the information in this document is different.

- Diagnostic procedures, including lab tests, MRIs and X-rays
- Treatments and procedures, including surgical procedures, allergy treatments and dialysis
- Therapeutic procedures, such as occupational therapy, speech therapy and physical therapy
- Cardiac rehabilitation
- All inpatient hospital services, including inpatient maternity
- Inpatient mental health, drug and alcohol rehabilitation, and detoxification
- Hospital outpatient department services and day surgery
- Home health care services
- Skilled nursing care
- Ambulance transport
- Emergency services



- Exams for illness or injuries
- Routine eye exams
- Routine hearing exams
- Consultations with specialists
- Outpatient behavioral health services
- Outpatient substance abuse services

- Preventive tests and services, including:
  - Adult annual visits
  - Well child visits
  - Annual gynecological visits
  - Routine pre-natal and post-partum visits
  - Cervical cancer screening, including Pap smears
  - Immunizations, including flu shots (for children and adults as appropriate)
  - Colorectal cancer screening, including colonoscopy, sigmoidoscopy and fecal occult blood test
  - Cholesterol screening (for adults only) and total cholesterol tests
  - Diabetes screenings
  - Blood pressure screening (adults, without known hypertension)
  - Breast cancer screening, including mammograms and counseling for genetic susceptibility
- Blood glucose monitors, insulin pumps and infusion devices
- Routine nursery charges
- Fetal ultrasounds

Please note: Services you receive during different kinds of visits and exams may be subject to the deductible.

This product is offered in Massachusetts to members who purchase coverage themselves and to members enrolled through Massachusetts-based employers.

Harvard Pilgrim Health Care

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Exhibit 7

Summary of House Bill 59

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Summary of Retiree Healthcare Benefits Reform (House Bill 59)

Section Number	Item	Recommendation
1,8	Minimum Age	Minimum age of eligibility for retiree health care benefits increased by 5 years for all groups (60 for Group 1, 55 for Group 2, 50 for Groups 3 and 4)
1,8	Minimum Years of Service to Receive Benefit	Minimum years of service increased from 10 to 20 years for all groups
2,3,5,9,10,11	Pro-Rating of Benefits	Prorated from 50% premium contribution after 20 years to maximum current retiree benefit (currently 80% of premium for State retirees) at 30 years
1,8	Affected Population	All future employees. All current employees except (i) those with 20 years of service and within 5 years of pension eligibility as of July 1, 2013; (ii) those within 5 years of Medicare eligibility and with a minimum of 9 years of creditable service as of July 1, 2013; and (iii) teachers enrolled in Retirement Plus, upon reaching age 57 and the statutory maximum of 80%.
1,8	Continuing Service	Individuals who leave public service without retiring will not be eligible for contribution upon retirement unless (1) they have at least 25 years of creditable service and retire within 5 years after leaving or (2) they have at least 20 years of creditable service and are enrolled in Medicare Parts A and B.
2,10, 19	Phase-In of New Requirements	Any current employee who, on July 1, 2013, is at least age 50 and has completed 15 years of service shall be eligible to receive a 50% premium contribution upon retirement. Any current employee who, on July 1, 2013, is at least age 55 and has completed 10 years of service, shall be eligible to receive a 50% premium contribution upon retirement. Implementation postponed for communities where contribution level for retirees is set by special act
1,2,8, 10	Disability Retirements	Accidental disability retirements exempted from new requirements. Ordinary disability retirements will be exempt from the reform until the 2014 Affordable Care Act exchange is available. At that time, ordinary disability retirees shall receive a 50% premium contribution for 10 to 20 years of service. Beyond 20 years, prorating will apply.
4	Non-Contributory Coverage	State retirees who are not eligible for contributions to coverage under the reform may continue coverage at full cost.
6, 12-18	Survivor Benefits	Future surviving spouses eligible for a minimum of 50% premium share; current surviving spouses enrolled in governmental unit's coverage and paying higher share of coverage eligible for minimum of 50% premium contribution.

7	Retired Municipal Teachers	GIC administers a separate program for retired municipal teachers. This section applies the reform rules to this group.
10	Future Changes to Premium Contributions	Municipal retiree contributions are "frozen" at levels as of 1/1/2013 for a period of three years, but changes adopted locally before 1/1/2013, shall be honored. Following the moratorium, the ability to reduce contributions shall be returned to local option, but any municipality that exercises this right shall hold harmless (grandfather) existing retirees at their current level of contribution at the time of implementation.
20	Sustainability	A&F, in consultation with Division of Local Services, GIC and PERAC shall establish a procedure for monitoring the continuing fiscal sustainability of state and local retiree health care benefits.

Summary of Exemptions of Certain Individuals from Proposed Reform

The legislation as drafted exempts certain categories of people who are retired, or near retirement. These categories include:

- Current retirees
- Employees and former employees who, on July 1, 2013, are within 5 years of eligibility for superannuation retirement under chapter 32 and have received a minimum of 20 years of creditable service;
- Employees and former employees who, on July 1, 2013, are within 5 years of eligibility for Medicare and have received a minimum of 9 years of creditable service;
- Individuals who are members of the Teachers Retirement System or the State-Boston Retirement System who participate in the alternative superannuation retirement benefit program established under subsection 4 of section 5 of chapter 32 and are at least 57 years old and eligible for a retirement benefit of 80 per cent;
- Individuals receiving an accidental disability retirement under section 7 of chapter 32; and
- Individuals receiving an ordinary disability retirement under section 6 until access to healthcare benefits though a Health Insurance Exchange becomes available to qualified individuals under the Patient Protection and Affordable Care Act, Public Law 111-148.

Additionally, the following employees, though not fully exempt, are entitled to a 50% contribution from the state:

- An employee who, by July 1, 2013 is at least 50 years old and has completed 15 years of creditable service;
- An employee who, by July 1, 2013, is at least 55 years old and has completed at least 10 years of creditable service; and
- An ordinary disability retiree with between 10 and 20 years of service.