

**POOL 1 Monthly Rates (rates for non-municipal enrollees)**

	Total Pool 1 Estimated FY'17		POOL 1 Monthly Rates			Enrollee Contribution			
	Enrollment	FY'18 Full Cost	FY'17 Full Cost	% Change	Change (dollars)	90%/10%	85%/15%	80%/20%	75%/25%
<b>UniCare State Indemnity Plan / Basic (without CIC)</b>									
Individual	147	\$988.34	\$955.74	3.4%	\$32.60	\$98.83	\$148.25	\$197.67	\$247.09
Family	118	\$2,313.42	\$2,238.13	3.4%	\$75.29	\$231.34	\$347.01	\$462.68	\$578.36
Medicare	223	\$368.62	\$362.67	1.6%	\$5.95	\$36.86	\$55.29	\$73.72	\$92.16
<b>UniCare State Indemnity Plan / Basic (with CIC) [3]</b>									
Individual	9,501	\$1,035.18	\$998.91	3.6%	\$36.27	\$145.67	\$195.09	\$244.51	\$293.93
Family	6,598	\$2,422.06	\$2,338.26	3.6%	\$83.80	\$339.98	\$455.65	\$571.32	\$687.00
Medicare	63,484	\$379.31	\$373.32	1.6%	\$5.99	\$47.55	\$65.98	\$84.41	\$102.85
<b>UniCare State Indemnity Plan / Community Choice</b>									
Individual	6,996	\$518.77	\$485.93	6.8%	\$32.84	\$51.88	\$77.82	\$103.75	\$129.69
Family	10,336	\$1,245.10	\$1,166.27	6.8%	\$78.83	\$124.51	\$186.77	\$249.02	\$311.28
<b>UniCare State Indemnity Plan / PLUS</b>									
Individual	5,143	\$690.78	\$653.03	5.8%	\$37.75	\$69.08	\$103.62	\$138.16	\$172.70
Family	8,091	\$1,650.35	\$1,560.67	5.7%	\$89.68	\$165.04	\$247.55	\$330.07	\$412.59
<b>Harvard Pilgrim Independence</b>									
Individual	9,272	\$821.36	\$813.58	1.0%	\$7.78	\$82.14	\$123.20	\$164.27	\$205.34
Family	13,375	\$2,004.09	\$1,985.12	1.0%	\$18.97	\$200.41	\$300.61	\$400.82	\$501.02
Medicare	15,790	\$421.57	\$437.64	-3.7%	-\$16.07	\$42.16	\$63.24	\$84.31	\$105.39
<b>Harvard Pilgrim Primary Choice</b>									
Individual	4,719	\$618.54	\$608.27	1.7%	\$10.27	\$61.85	\$92.78	\$123.71	\$154.64
Family	5,680	\$1,509.25	\$1,484.19	1.7%	\$25.06	\$150.93	\$226.39	\$301.85	\$377.31
<b>Tufts Navigator</b>									
Individual	14,383	\$726.30	\$683.95	6.2%	\$42.35	\$72.63	\$108.95	\$145.26	\$181.58
Family	22,575	\$1,772.21	\$1,668.84	6.2%	\$103.37	\$177.22	\$265.83	\$354.44	\$443.05
Tufts Medicare Complement	6,913	\$380.93	\$397.00	-4.0%	-\$16.07	\$38.09	\$57.14	\$76.19	\$95.23
Tufts Medicare Preferred	4,591	\$300.00	\$275.50	8.9%	\$24.50	\$30.00	\$45.00	\$60.00	\$75.00
<b>Tufts Spirit</b>									
Individual	2,743	\$551.34	\$513.52	7.4%	\$37.82	\$55.13	\$82.70	\$110.27	\$137.84
Family	1,725	\$1,327.27	\$1,236.19	7.4%	\$91.08	\$132.73	\$199.09	\$265.45	\$331.82
<b>Fallon - Select Care</b>									
Individual	1,458	\$734.49	\$688.25	6.7%	\$46.24	\$73.45	\$110.17	\$146.90	\$183.62
Family	2,723	\$1,762.72	\$1,651.76	6.7%	\$110.96	\$176.27	\$264.41	\$352.54	\$440.68
Medicare	636	\$335.00	\$310.45	7.9%	\$24.55	\$33.50	\$50.25	\$67.00	\$83.75
<b>Fallon - Direct Care</b>									
Individual	2,095	\$552.72	\$517.93	6.7%	\$34.79	\$55.27	\$82.91	\$110.54	\$138.18
Family	1,855	\$1,326.56	\$1,243.05	6.7%	\$83.51	\$132.66	\$198.98	\$265.31	\$331.64
<b>Health New England</b>									
Individual	4,567	\$546.24	\$533.00	2.5%	\$13.24	\$54.62	\$81.94	\$109.25	\$136.56
Family	5,507	\$1,354.24	\$1,321.42	2.5%	\$32.82	\$135.42	\$203.14	\$270.85	\$338.56
Medicare	2,496	\$393.46	\$409.53	-3.9%	-\$16.07	\$39.35	\$59.02	\$78.69	\$98.37
<b>NHP Prime HMO</b>									
Individual	3,721	\$552.11	\$510.42	8.2%	\$41.69	\$55.21	\$82.82	\$110.42	\$138.03
Family	3,183	\$1,463.10	\$1,352.59	8.2%	\$110.51	\$146.31	\$219.47	\$292.62	\$365.78
<b>TOTAL POOL 1</b>	<b>240,654</b>		<b>\$2,567,411,335.20</b>	<b>3.8%</b>	<b>\$96,560,566.32</b>				