

West Suburban Health Group
Policy Period 7/1/16 thru 6/30/17

	Employee/ Employer Share	Percentage of Increase for FY17	<u>Individual</u>				<u>Family</u>			
			Total Cost	Employee Share	Employer Share	100% Surviving Spouse	Total Cost	Employee Share	Employer Share	100% Surviving Spouse
HPHC Rate Saver Plan	40/60	8.5	\$799.00	\$319.60	\$479.40	\$799.00	\$2,081.00	\$832.40	\$1,248.60	\$2,081.00
HPHC Benchmark Plan	40/60	3.5	\$735.00	\$294.00	\$441.00	\$735.00	\$1,915.00	\$766.00	\$1,149.00	\$1,915.00
Blue Choice Rate Saver Plan	40/60	5	\$885.00	\$354.00	\$531.00	\$885.00	\$2,374.00	\$949.60	\$1,424.40	\$2,374.00
Blue Choice Benchmark Plan	40/60	4.9	\$814.00	\$325.60	\$488.40	\$814.00	\$2,184.00	\$873.60	\$1,310.40	\$2,184.00
Tufts Navigator Rate Saver Plan	40/60	5.4	\$841.00	\$336.40	\$504.60	\$841.00	\$2,203.00	\$881.20	\$1,321.80	\$2,203.00
Tufts Navigator Benchmark Plan	40/60	0.6	\$774.00	\$309.60	\$464.40	\$774.00	\$2,027.00	\$810.80	\$1,216.20	\$2,027.00
Fallon Select Rate Saver Plan	40/60	4.5	\$639.00	\$255.60	\$383.40	\$639.00	\$1,721.00	\$688.40	\$1,032.60	\$1,721.00
Fallon Select Benchmark Plan	40/60	0	\$591.00	\$236.40	\$354.60	\$591.00	\$1,591.00	\$636.40	\$954.60	\$1,591.00
Fallon Direct Rate Saver Plan	40/60	4.5	\$596.00	\$238.40	\$357.60	\$596.00	\$1,600.00	\$640.00	\$960.00	\$1,600.00
Fallon Direct Benchmark Plan	40/60	0	\$550.00	\$220.00	\$330.00	\$550.00	\$1,480.00	\$592.00	\$888.00	\$1,480.00
HPHC PPO	50/50	3	\$2,336.00	\$1,168.00	\$1,168.00	\$2,336.00	\$5,187.00	\$2,593.50	\$2,593.50	\$5,187.00