



THE SEGAL COMPANY
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MEMORANDUM

To: Robert Evans
Chairman of the Acton/Acton-Boxborough Health Insurance Trust

From: Francesca G. Sciandra
Daniel J. Rhodes

Date: September 23, 2011

Re: Municipal Health Reform Study – Acton/Acton-Boxborough Health Insurance Trust

As you know, on July 12, 2011, Governor Deval Patrick signed “An Act Relative to Municipal Health Insurance.” The new law allows Massachusetts political subdivisions (*i.e.*, cities, towns, counties and districts) to make specific cost-saving health plan design changes, or alternatively, transfer all of their subscribers to the Group Insurance Commission (GIC) provided that prescribed procedures are followed. On August 12, 2011, the Executive Office for Administration and Finance (A&F), responsible for adopting regulations as guidance to communities seeking to implement changes in health insurance plans under the process created by the new law, filed emergency regulations concerning this law. The regulations expire three months from the filing date. A&F’s website indicates that it is taking the required steps to transition the regulations from emergency to permanent status, including an additional opportunity for public comment.

We have reviewed the medical plans currently offered to employees and retirees of the Town of Acton and the Acton-Boxborough Regional School District and prepared an analysis of estimated savings to the Health Insurance Trust (HIT) from various changes allowed by the municipal health insurance reform law, with an effective date of July 1, 2012. The results of our review and analysis are outlined in the attached exhibits and are summarized below:

Exhibit I – Financials - One-Year Analysis

- A. Current HIT Plans
- B. Largest Subscriber Enrollment GIC-Equivalent Plans
- C. Alternative Plans #1
- D. Alternative Plans #2
- E. GIC Plans



Exhibit II – Financials - Five-Year Analysis

- A. Current HIT Plans
- B. Largest Subscriber Enrollment GIC-Equivalent Plans
- C. Alternative Plans #1
- D. Alternative Plans #2
- E. GIC Plans

Exhibit III – Plan Design Comparisons

- A. GIC Tufts Health Plan Navigator and Current HIT Non-Medicare Plans
- B. GIC UniCare State Indemnity Plan / Medicare Extension OME With CIC (Comprehensive) and Current HIT Medicare Plans
- C. GIC Tufts Health Plan Navigator and Alternative Plans #1 and #2
- D. Minuteman Nashoba Health Group - Non-Medicare Plans
- E. Minuteman Nashoba Health Group - Medicare Plans

Currently, the most subscribed GIC non-Medicare plan is Tufts Health Plan Navigator, and the most subscribed GIC Medicare plan is UniCare State Indemnity Plan / Medicare Extension OME with CIC (comprehensive). The HIT cost-sharing plan design features that exceed those of the most subscribed GIC plans are indicated in red font in the attached plan design comparison exhibits.

Our analysis suggests that changing to GIC-equivalent designs for non-Medicare plans would result in an 8.3% savings of total annual cost as compared to the current plan designs during the first projection year effective July 1, 2012 through June 30, 2013. Transferring all subscribers to the GIC would result in savings of 15.0% of total annual cost during the same time period. These estimates include both the employer and employee/retiree share of the cost.

The savings estimates in the attached exhibits are based on the following assumptions:

- HIT plans enrollment as of September 14, 2011. No changes in total enrollment are assumed beyond this point.
- HIT and GIC plans individual and family working and plan rates and administrative fees effective July 1, 2011, and HIT and GIC Tufts Medicare Preferred premium rates effective January 1, 2011.
- Annual medical trend of 10% and annual administrative expenses trend of 4%.
- The following GIC plans migration assumption:

- all Master Health Plus HIT enrollees will migrate to the GIC's UniCare State Indemnity Plan/Basic with CIC (comprehensive),
- one third of Blue Care Elect Preferred HIT enrollees will migrate to the GIC's HPHC Independence Plan, one third to Tufts Health Plan Navigator, and one third to UniCare State Indemnity Plan/PLUS,
- one half of Network Blue New England HIT enrollees will migrate to the GIC's Tufts Health Plan Spirit and one half to Tufts Health Plan Navigator,
- all HPHC HMO HIT enrollees will migrate to the GIC's HPHC Primary Choice,
- all Medex 3 HIT enrollees will migrate to the GIC's HPHC Medicare Enhance, and
- all Tufts Medicare Preferred HIT enrollees will migrate to the GIC's Tufts Medicare Preferred.

We note that the savings projections reflected in the attached exhibits are estimates of future costs and are based on information available to The Segal Company at the time the projections were made. The Segal Company has not audited the information provided. Projections are not a guarantee of future results. Actual experience may differ due to, but not limited to, such variables as changes in the regulatory environment, local market pressure, health trend rates and claims volatility. The accuracy and reliability of health projections decrease as the projection period increases.

As with all of our work involving the analysis of a law and its application to specific facts, the Trustees should rely on Trust Counsel for authoritative advice.

We are prepared to discuss this with you further and to respond to any questions you may have.

Enclosures

cc: John Murray
John Petersen
Mike Gowing
Sharon Summers

Acton Health Insurance Trust
Exhibit I.A - Financials
Current Plans - One-Year Analysis

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<u>YEAR 1 (7/1/2012-6/30/2013)</u>	<u>Town of Acton</u>	<u>Acton Public Schools (APS)</u>	<u>Acton-Boxborough Regional Schools (ABRS)</u>	<u>TOTAL</u>
<u>Non-Medicare Actives and Retirees</u>				
Master Health Plus				
Employer Cost	\$420,100	\$99,200	\$48,300	\$567,600
Employee/Retiree Cost	<u>163,400</u>	<u>99,200</u>	<u>48,300</u>	<u>\$310,900</u>
Total Cost - Master Health Plus	\$583,500	\$198,400	\$96,600	\$878,500
Blue Care Elect Preferred (PPO)				
Employer Cost	\$56,400	\$0	\$138,200	\$194,600
Employee/Retiree Cost	<u>10,000</u>	<u>0</u>	<u>138,200</u>	<u>\$148,200</u>
Total Cost - Blue Care Elect Preferred (PPO)	\$66,400	\$0	\$276,400	\$342,800
Network Blue New England				
Employer Cost	\$1,343,000	\$1,526,700	\$2,440,600	\$5,310,300
Employee/Retiree Cost	<u>315,300</u>	<u>583,600</u>	<u>926,600</u>	<u>\$1,825,500</u>
Total Cost - Network Blue New England	\$1,658,300	\$2,110,300	\$3,367,200	\$7,135,800
HPHC HMO				
Employer Cost	\$993,800	\$1,504,000	\$2,020,500	\$4,518,300
Employee/Retiree Cost	<u>175,400</u>	<u>501,300</u>	<u>673,500</u>	<u>\$1,350,200</u>
Total Cost - HPHC HMO	\$1,169,200	\$2,005,300	\$2,694,000	\$5,868,500
<u>Medicare Retirees</u>				
Medex 3				
Employer Cost	\$173,800	\$254,400	\$430,600	\$858,800
Retiree Cost	<u>173,800</u>	<u>254,400</u>	<u>430,600</u>	<u>\$858,800</u>
Total Cost - Medex	\$347,600	\$508,800	\$861,200	\$1,717,600
Tufts Medicare Preferred				
Employer Cost	\$25,100	\$38,500	\$55,300	\$118,900
Retiree Cost	<u>25,100</u>	<u>38,500</u>	<u>55,300</u>	<u>\$118,900</u>
Total Cost - Tufts Medicare Preferred	\$50,200	\$77,000	\$110,600	\$237,800
TOTAL EMPLOYER COST - YEAR 1	\$3,012,200	\$3,422,800	\$5,133,500	\$11,568,500
TOTAL EMOLYEE/RETIREE COST - YEAR 1	<u>863,000</u>	<u>1,477,000</u>	<u>2,272,500</u>	<u>4,612,500</u>
TOTAL COST - YEAR 1	\$3,875,200	\$4,899,800	\$7,406,000	\$16,181,000

Acton Health Insurance Trust

Exhibit I.B - Financials

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Largest Subscriber Enrollment GIC-Equivalent Plans - One-Year Analysis

<u>YEAR 1 (7/1/2012-6/30/2013)</u>	<u>Town of Acton</u>	<u>Acton Public Schools (APS)</u>	<u>Acton-Boxborough Regional Schools (ABRS)</u>	<u>TOTAL</u>
<u>Non-Medicare Actives and Retirees</u>				
Master Health Plus				
Employer Cost	\$397,100	\$94,300	\$45,800	\$537,200
Employee/Retiree Cost	<u>156,100</u>	<u>94,300</u>	<u>45,800</u>	<u>\$296,200</u>
Total Cost - Master Health Plus	\$553,200	\$188,600	\$91,600	\$833,400
Blue Care Elect Preferred (PPO)				
Employer Cost	\$54,100	\$0	\$132,700	\$186,800
Employee/Retiree Cost	<u>9,600</u>	<u>0</u>	<u>132,700</u>	<u>\$142,300</u>
Total Cost - Blue Care Elect Preferred (PPO)	\$63,700	\$0	\$265,400	\$329,100
Network Blue New England				
Employer Cost	\$1,231,100	\$1,370,100	\$2,190,300	\$4,791,500
Employee/Retiree Cost	<u>289,600</u>	<u>524,200</u>	<u>831,800</u>	<u>\$1,645,600</u>
Total Cost - Network Blue New England	\$1,520,700	\$1,894,300	\$3,022,100	\$6,437,100
HPHC HMO				
Employer Cost	\$907,300	\$1,350,000	\$1,813,300	\$4,070,600
Employee/Retiree Cost	<u>160,100</u>	<u>450,000</u>	<u>604,400</u>	<u>\$1,214,500</u>
Total Cost - HPHC HMO	\$1,067,400	\$1,800,000	\$2,417,700	\$5,285,100
Total Employer Cost - <u>Non-Medicare</u>	\$2,589,600	\$2,814,400	\$4,182,100	\$9,586,100
Total Employee/Retiree Cost - <u>Non-Medicare</u>	<u>615,400</u>	<u>1,068,500</u>	<u>1,614,700</u>	<u>\$3,298,600</u>
Total Cost - <u>Non-Medicare</u>	\$3,205,000	\$3,882,900	\$5,796,800	\$12,884,700
Difference with Current Plans - \$				
Employer Cost	-\$223,700	-\$315,500	-\$465,500	-\$1,004,700
Employee/Retiree Cost	<u>-48,700</u>	<u>-115,600</u>	<u>-171,900</u>	<u>-336,200</u>
Total Cost	-\$272,400	-\$431,100	-\$637,400	-\$1,340,900
Difference with Current Plans - %				
Employer Cost	-7.4%	-9.2%	-9.1%	-8.7%
Employee/Retiree Cost	<u>-5.6%</u>	<u>-7.8%</u>	<u>-7.6%</u>	<u>-7.3%</u>
Total Cost	-7.0%	-8.8%	-8.6%	-8.3%

Acton Health Insurance Trust
Exhibit I.C - Financials
Alternative Plans #1 - One-Year Analysis

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<u>YEAR 1 (7/1/2012-6/30/2013)</u>	<u>Town of Acton</u>	<u>Acton Public Schools (APS)</u>	<u>Acton-Boxborough Regional Schools (ABRS)</u>	<u>TOTAL</u>
<u>Non-Medicare Actives and Retirees</u>				
Master Health Plus				
Employer Cost	\$410,900	\$97,500	\$47,400	\$555,800
Employee/Retiree Cost	<u>161,500</u>	<u>97,500</u>	<u>47,400</u>	<u>\$306,400</u>
Total Cost - Master Health Plus	\$572,400	\$195,000	\$94,800	\$862,200
Blue Care Elect Preferred (PPO)				
Employer Cost	\$56,100	\$0	\$137,000	\$193,100
Employee/Retiree Cost	<u>9,900</u>	<u>0</u>	<u>137,000</u>	<u>\$146,900</u>
Total Cost - Blue Care Elect Preferred (PPO)	\$66,000	\$0	\$274,000	\$340,000
Network Blue New England				
Employer Cost	\$1,323,500	\$1,473,000	\$2,354,800	\$5,151,300
Employee/Retiree Cost	<u>311,300</u>	<u>563,200</u>	<u>894,100</u>	<u>\$1,768,600</u>
Total Cost - Network Blue New England	\$1,634,800	\$2,036,200	\$3,248,900	\$6,919,900
HPHC HMO				
Employer Cost	\$975,600	\$1,452,800	\$1,951,600	\$4,380,000
Employee/Retiree Cost	<u>172,200</u>	<u>484,200</u>	<u>650,500</u>	<u>\$1,306,900</u>
Total Cost - HPHC HMO	\$1,147,800	\$1,937,000	\$2,602,100	\$5,686,900
Total Employer Cost - <u>Non-Medicare</u>	\$2,766,100	\$3,023,300	\$4,490,800	\$10,280,200
Total Employee/Retiree Cost - <u>Non-Medicare</u>	<u>654,900</u>	<u>1,144,900</u>	<u>1,729,000</u>	<u>\$3,528,800</u>
Total Cost - <u>Non-Medicare</u>	\$3,421,000	\$4,168,200	\$6,219,800	\$13,809,000
Difference with Current Plans - \$				
Employer Cost	-\$47,200	-\$106,600	-\$156,800	-\$310,600
Employee/Retiree Cost	<u>-9,200</u>	<u>-39,200</u>	<u>-57,600</u>	<u>-106,000</u>
Total Cost	-\$56,400	-\$145,800	-\$214,400	-\$416,600
Difference with Current Plans - %				
Employer Cost	-1.6%	-3.1%	-3.1%	-2.7%
Employee/Retiree Cost	<u>-1.1%</u>	<u>-2.7%</u>	<u>-2.5%</u>	<u>-2.3%</u>
Total Cost	-1.5%	-3.0%	-2.9%	-2.6%

Acton Health Insurance Trust
Exhibit I.D - Financials
Alternative Plans #2 - One-Year Analysis

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<u>YEAR 1 (7/1/2012-6/30/2013)</u>	<u>Town of Acton</u>	<u>Acton Public Schools (APS)</u>	<u>Acton-Boxborough Regional Schools (ABRS)</u>	<u>TOTAL</u>
<u>Non-Medicare Actives and Retirees</u>				
Master Health Plus				
Employer Cost	\$402,900	\$95,700	\$46,500	\$545,100
Employee/Retiree Cost	<u>158,400</u>	<u>95,700</u>	<u>46,500</u>	<u>\$300,600</u>
Total Cost - Master Health Plus	\$561,300	\$191,400	\$93,000	\$845,700
Blue Care Elect Preferred (PPO)				
Employer Cost	\$54,800	\$0	\$134,200	\$189,000
Employee/Retiree Cost	<u>9,700</u>	<u>0</u>	<u>134,200</u>	<u>\$143,900</u>
Total Cost - Blue Care Elect Preferred (PPO)	\$64,500	\$0	\$268,400	\$332,900
Network Blue New England				
Employer Cost	\$1,269,400	\$1,412,900	\$2,258,700	\$4,941,000
Employee/Retiree Cost	<u>298,600</u>	<u>540,400</u>	<u>857,700</u>	<u>\$1,696,700</u>
Total Cost - Network Blue New England	\$1,568,000	\$1,953,300	\$3,116,400	\$6,637,700
HPHC HMO				
Employer Cost	\$935,700	\$1,392,900	\$1,871,000	\$4,199,600
Employee/Retiree Cost	<u>165,200</u>	<u>464,300</u>	<u>623,700</u>	<u>\$1,253,200</u>
Total Cost - HPHC HMO	\$1,100,900	\$1,857,200	\$2,494,700	\$5,452,800
Total Employer Cost - <u>Non-Medicare</u>	\$2,662,800	\$2,901,500	\$4,310,400	\$9,874,700
Total Employee/Retiree Cost - <u>Non-Medicare</u>	<u>631,900</u>	<u>1,100,400</u>	<u>1,662,100</u>	<u>\$3,394,400</u>
Total Cost - <u>Non-Medicare</u>	\$3,294,700	\$4,001,900	\$5,972,500	\$13,269,100
Difference with Current Plans - \$				
Employer Cost	-\$150,500	-\$228,400	-\$337,200	-\$716,100
Employee/Retiree Cost	<u>-32,200</u>	<u>-83,700</u>	<u>-124,500</u>	<u>-240,400</u>
Total Cost	-\$182,700	-\$312,100	-\$461,700	-\$956,500
Difference with Current Plans - %				
Employer Cost	-5.0%	-6.7%	-6.6%	-6.2%
Employee/Retiree Cost	<u>-3.7%</u>	<u>-5.7%</u>	<u>-5.5%</u>	<u>-5.2%</u>
Total Cost	-4.7%	-6.4%	-6.2%	-5.9%

Acton Health Insurance Trust
Exhibit I.E - Financials
GIC Plans - One-Year Analysis

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<u>YEAR 1 (7/1/2012-6/30/2013)</u>	<u>Town of Acton</u>	<u>Acton Public Schools (APS)</u>	<u>Acton-Boxborough Regional Schools (ABRS)</u>	<u>TOTAL</u>
<u>Non-Medicare Actives and Retirees</u>				
Master Health Plus --> GIC / UniCare State Indemnity Plan/Basic With CIC (Comprehensive)				
Employer Cost	\$278,700	\$66,800	\$32,400	\$377,900
Employee/Retiree Cost	<u>110,500</u>	<u>66,800</u>	<u>32,400</u>	<u>\$209,700</u>
Total Cost	\$389,200	\$133,600	\$64,800	\$587,600
Blue Care Elect Preferred (PPO) --> GIC / 1/3 HPHC Independence Plan (PPO), 1/3 Tufts Health Plan Navigator (PPO), 1/3 UniCare State Indemnity Plan/PLUS				
Employer Cost	\$33,100	\$0	\$79,000	\$112,100
Employee/Retiree Cost	<u>5,800</u>	<u>0</u>	<u>79,000</u>	<u>\$84,800</u>
Total Cost	\$38,900	\$0	\$158,000	\$196,900
Network Blue New England --> GIC / 1/2 Tufts Health Plan Spirit (HMO-type), 1/2 Tufts Health Plan Navigator (PPO)				
Employer Cost	\$1,155,900	\$1,294,200	\$2,068,600	\$4,518,700
Employee/Retiree Cost	<u>271,900</u>	<u>493,900</u>	<u>785,000</u>	<u>\$1,550,800</u>
Total Cost	\$1,427,800	\$1,788,100	\$2,853,600	\$6,069,500
HPHC HMO --> GIC / HPHC Primary Choice (HMO)				
Employer Cost	\$838,000	\$1,257,900	\$1,690,400	\$3,786,300
Employee/Retiree Cost	<u>147,900</u>	<u>419,300</u>	<u>563,500</u>	<u>\$1,130,700</u>
Total Cost	\$985,900	\$1,677,200	\$2,253,900	\$4,917,000
<u>Medicare Retirees</u>				
Medex 3 --> GIC / HPHC Medicare Enhance				
Employer Cost	\$174,700	\$255,700	\$432,900	\$863,300
Retiree Cost	<u>174,700</u>	<u>255,700</u>	<u>432,900</u>	<u>\$863,300</u>
Total Cost	\$349,400	\$511,400	\$865,800	\$1,726,600
Tufts Medicare Preferred --> GIC / Tufts Medicare Preferred				
Employer Cost	\$26,900	\$41,200	\$59,100	\$127,200
Retiree Cost	<u>26,900</u>	<u>41,200</u>	<u>59,100</u>	<u>\$127,200</u>
Total Cost	\$53,800	\$82,400	\$118,200	\$254,400
TOTAL EMPLOYER COST - YEAR 1	\$2,507,300	\$2,915,800	\$4,362,400	\$9,785,500
TOTAL EMOLYEE/RETIREE COST - YEAR 1	<u>737,700</u>	<u>1,276,900</u>	<u>1,951,900</u>	<u>3,966,500</u>
TOTAL COST - YEAR 1	\$3,245,000	\$4,192,700	\$6,314,300	\$13,752,000
Difference with Current Plans - \$				
Employer Cost	-\$504,900	-\$507,000	-\$771,100	-\$1,783,000
Employee/Retiree Cost	<u>-125,300</u>	<u>-200,100</u>	<u>-320,600</u>	<u>-646,000</u>
Total Cost	-\$630,200	-\$707,100	-\$1,091,700	-\$2,429,000
Difference with Current Plans - %				
Employer Cost	-16.8%	-14.8%	-15.0%	-15.4%
Employee/Retiree Cost	<u>-14.5%</u>	<u>-13.5%</u>	<u>-14.1%</u>	<u>-14.0%</u>
Total Cost	-16.3%	-14.4%	-14.7%	-15.0%

Acton Health Insurance Trust
Exhibit II.A - Financials
Current Plans - Five-Year Analysis

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	<u>7/1/2012-6/30/2013</u>	<u>7/1/2013-6/30/2014</u>	<u>7/1/2014-6/30/2015</u>	<u>7/1/2015-6/30/2016</u>	<u>7/1/2016-6/30/2017</u>
<u>Non-Medicare Actives and Retirees</u>					
Master Health Plus					
Employer Cost	\$567,600	\$623,200	\$684,300	\$751,400	\$825,200
Employee/Retiree Cost	<u>310,900</u>	<u>341,300</u>	<u>374,700</u>	<u>411,400</u>	<u>451,800</u>
Total Cost - Master Health Plus	\$878,500	\$964,500	\$1,059,000	\$1,162,800	\$1,277,000
Blue Care Elect Preferred (PPO)					
Employer Cost	\$194,600	\$195,100	\$214,200	\$235,200	\$258,200
Employee/Retiree Cost	<u>148,200</u>	<u>144,100</u>	<u>158,200</u>	<u>173,600</u>	<u>190,500</u>
Total Cost - Blue Care Elect Preferred (PPO)	\$342,800	\$339,200	\$372,400	\$408,800	\$448,700
Network Blue New England					
Employer Cost	\$5,310,300	\$5,823,500	\$6,387,300	\$7,006,800	\$7,687,500
Employee/Retiree Cost	<u>1,825,500</u>	<u>2,001,700</u>	<u>2,195,300</u>	<u>2,407,900</u>	<u>2,641,600</u>
Total Cost - Network Blue New England	\$7,135,800	\$7,825,200	\$8,582,600	\$9,414,700	\$10,329,100
HPHC HMO					
Employer Cost	\$4,518,300	\$4,950,800	\$5,425,800	\$5,947,500	\$6,520,500
Employee/Retiree Cost	<u>1,350,200</u>	<u>1,479,500</u>	<u>1,621,400</u>	<u>1,777,300</u>	<u>1,948,600</u>
Total Cost - HPHC HMO	\$5,868,500	\$6,430,300	\$7,047,200	\$7,724,800	\$8,469,100
<u>Medicare Retirees</u>					
Medex 3					
Employer Cost	\$858,800	\$941,700	\$1,032,700	\$1,132,700	\$1,242,600
Retiree Cost	<u>858,800</u>	<u>941,700</u>	<u>1,032,700</u>	<u>1,132,700</u>	<u>1,242,600</u>
Total Cost - Medex	\$1,717,600	\$1,883,400	\$2,065,400	\$2,265,400	\$2,485,200
Tufts Medicare Preferred					
Employer Cost	\$118,900	\$130,800	\$143,900	\$158,300	\$174,100
Retiree Cost	<u>118,900</u>	<u>130,800</u>	<u>143,900</u>	<u>158,300</u>	<u>174,100</u>
Total Cost - Tufts Medicare Preferred	\$237,800	\$261,600	\$287,800	\$316,600	\$348,200
TOTAL EMPLOYER COST	\$11,568,500	\$12,665,100	\$13,888,200	\$15,231,900	\$16,708,100
TOTAL EMOLLOYEE/RETIREE COST	<u>4,612,500</u>	<u>5,039,100</u>	<u>5,526,200</u>	<u>6,061,200</u>	<u>6,649,200</u>
TOTAL COST	\$16,181,000	\$17,704,200	\$19,414,400	\$21,293,100	\$23,357,300

Acton Health Insurance Trust

Exhibit II.B - Financials

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Largest Subscriber Enrollment GIC-Equivalent Plans - Five-Year Analysis

	<u>7/1/2012-6/30/2013</u>	<u>7/1/2013-6/30/2014</u>	<u>7/1/2014-6/30/2015</u>	<u>7/1/2015-6/30/2016</u>	<u>7/1/2016-6/30/2017</u>
<u>Non-Medicare Actives and Retirees</u>					
Master Health Plus					
Employer Cost	\$537,200	\$589,800	\$647,500	\$711,000	\$780,700
Employee/Retiree Cost	<u>296,200</u>	<u>325,100</u>	<u>356,900</u>	<u>391,800</u>	<u>430,300</u>
Total Cost - Master Health Plus	\$833,400	\$914,900	\$1,004,400	\$1,102,800	\$1,211,000
Blue Care Elect Preferred (PPO)					
Employer Cost	\$186,800	\$186,600	\$204,800	\$224,900	\$246,800
Employee/Retiree Cost	<u>142,300</u>	<u>137,600</u>	<u>151,000</u>	<u>165,700</u>	<u>181,800</u>
Total Cost - Blue Care Elect Preferred (PPO)	\$329,100	\$324,200	\$355,800	\$390,600	\$428,600
Network Blue New England					
Employer Cost	\$4,791,500	\$5,252,800	\$5,759,500	\$6,316,300	\$6,927,900
Employee/Retiree Cost	<u>1,645,600</u>	<u>1,803,800</u>	<u>1,977,600</u>	<u>2,168,500</u>	<u>2,378,200</u>
Total Cost - Network Blue New England	\$6,437,100	\$7,056,600	\$7,737,100	\$8,484,800	\$9,306,100
HPHC HMO					
Employer Cost	\$4,070,600	\$4,458,400	\$4,884,100	\$5,351,600	\$5,865,100
Employee/Retiree Cost	<u>1,214,500</u>	<u>1,330,300</u>	<u>1,457,200</u>	<u>1,596,700</u>	<u>1,750,000</u>
Total Cost - HPHC HMO	\$5,285,100	\$5,788,700	\$6,341,300	\$6,948,300	\$7,615,100
Total Employer Cost - <u>Non-Medicare</u>	\$9,586,100	\$10,487,600	\$11,495,900	\$12,603,800	\$13,820,500
Total Employee/Retiree Cost - <u>Non-Medicare</u>	<u>3,298,600</u>	<u>3,596,800</u>	<u>3,942,700</u>	<u>4,322,700</u>	<u>4,740,300</u>
Total Cost - <u>Non-Medicare</u>	\$12,884,700	\$14,084,400	\$15,438,600	\$16,926,500	\$18,560,800
Difference with Current Plans - \$					
Employer Cost	-\$1,004,700	-\$1,105,000	-\$1,215,700	-\$1,337,100	-\$1,470,900
Employee/Retiree Cost	<u>-336,200</u>	<u>-369,800</u>	<u>-406,900</u>	<u>-447,500</u>	<u>-492,200</u>
Total Cost	-\$1,340,900	-\$1,474,800	-\$1,622,600	-\$1,784,600	-\$1,963,100
Difference with Current Plans - %					
Employer Cost	-8.7%	-8.7%	-8.8%	-8.8%	-8.8%
Employee/Retiree Cost	<u>-7.3%</u>	<u>-7.3%</u>	<u>-7.4%</u>	<u>-7.4%</u>	<u>-7.4%</u>
Total Cost	-8.3%	-8.3%	-8.4%	-8.4%	-8.4%

Acton Health Insurance Trust
Exhibit II.C - Financials
Alternative Plans #1 - Five-Year Analysis

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	<u>7/1/2012-6/30/2013</u>	<u>7/1/2013-6/30/2014</u>	<u>7/1/2014-6/30/2015</u>	<u>7/1/2015-6/30/2016</u>	<u>7/1/2016-6/30/2017</u>
<u>Non-Medicare Actives and Retirees</u>					
Master Health Plus					
Employer Cost	\$555,800	\$610,400	\$670,200	\$735,900	\$808,100
Employee/Retiree Cost	<u>306,400</u>	<u>336,500</u>	<u>369,400</u>	<u>405,500</u>	<u>445,300</u>
Total Cost - Master Health Plus	\$862,200	\$946,900	\$1,039,600	\$1,141,400	\$1,253,400
Blue Care Elect Preferred (PPO)					
Employer Cost	\$193,100	\$193,400	\$212,400	\$233,200	\$256,000
Employee/Retiree Cost	<u>146,900</u>	<u>142,700</u>	<u>156,700</u>	<u>172,000</u>	<u>188,700</u>
Total Cost - Blue Care Elect Preferred (PPO)	\$340,000	\$336,100	\$369,100	\$405,200	\$444,700
Network Blue New England					
Employer Cost	\$5,151,300	\$5,648,700	\$6,195,000	\$6,795,200	\$7,454,800
Employee/Retiree Cost	<u>1,768,600</u>	<u>1,939,200</u>	<u>2,126,600</u>	<u>2,332,300</u>	<u>2,558,400</u>
Total Cost - Network Blue New England	\$6,919,900	\$7,587,900	\$8,321,600	\$9,127,500	\$10,013,200
HPHC HMO					
Employer Cost	\$4,380,000	\$4,798,600	\$5,258,400	\$5,763,400	\$6,318,000
Employee/Retiree Cost	<u>1,306,900</u>	<u>1,431,900</u>	<u>1,569,100</u>	<u>1,719,700</u>	<u>1,885,300</u>
Total Cost - HPHC HMO	\$5,686,900	\$6,230,500	\$6,827,500	\$7,483,100	\$8,203,300
Total Employer Cost - <u>Non-Medicare</u>	\$10,280,200	\$11,251,100	\$12,336,000	\$13,527,700	\$14,836,900
Total Employee/Retiree Cost - <u>Non-Medicare</u>	<u>3,528,800</u>	<u>3,850,300</u>	<u>4,221,800</u>	<u>4,629,500</u>	<u>5,077,700</u>
Total Cost - <u>Non-Medicare</u>	\$13,809,000	\$15,101,400	\$16,557,800	\$18,157,200	\$19,914,600
 Difference with Current Plans - \$					
Employer Cost	-\$310,600	-\$341,500	-\$375,600	-\$413,200	-\$454,500
Employee/Retiree Cost	<u>-106,000</u>	<u>-116,300</u>	<u>-127,800</u>	<u>-140,700</u>	<u>-154,800</u>
Total Cost	<u>-\$416,600</u>	<u>-\$457,800</u>	<u>-\$503,400</u>	<u>-\$553,900</u>	<u>-\$609,300</u>
 Difference with Current Plans - %					
Employer Cost	-2.7%	-2.7%	-2.7%	-2.7%	-2.7%
Employee/Retiree Cost	<u>-2.3%</u>	<u>-2.3%</u>	<u>-2.3%</u>	<u>-2.3%</u>	<u>-2.3%</u>
Total Cost	-2.6%	-2.6%	-2.6%	-2.6%	-2.6%

Acton Health Insurance Trust
Exhibit II.D - Financials
Alternative Plans #2 - Five-Year Analysis

DRAFT

	<u>7/1/2012-6/30/2013</u>	<u>7/1/2013-6/30/2014</u>	<u>7/1/2014-6/30/2015</u>	<u>7/1/2015-6/30/2016</u>	<u>7/1/2016-6/30/2017</u>
<u>Non-Medicare Actives and Retirees</u>					
Master Health Plus					
Employer Cost	\$545,100	\$598,400	\$657,100	\$721,400	\$792,200
Employee/Retiree Cost	<u>300,600</u>	<u>329,900</u>	<u>362,100</u>	<u>397,600</u>	<u>436,600</u>
Total Cost - Master Health Plus	\$845,700	\$928,300	\$1,019,200	\$1,119,000	\$1,228,800
Blue Care Elect Preferred (PPO)					
Employer Cost	\$189,000	\$188,900	\$207,400	\$227,700	\$249,900
Employee/Retiree Cost	<u>143,900</u>	<u>139,300</u>	<u>153,000</u>	<u>167,800</u>	<u>184,200</u>
Total Cost - Blue Care Elect Preferred (PPO)	\$332,900	\$328,200	\$360,400	\$395,500	\$434,100
Network Blue New England					
Employer Cost	\$4,941,000	\$5,417,300	\$5,940,500	\$6,515,300	\$7,146,800
Employee/Retiree Cost	<u>1,696,700</u>	<u>1,860,100</u>	<u>2,039,500</u>	<u>2,236,500</u>	<u>2,453,100</u>
Total Cost - Network Blue New England	\$6,637,700	\$7,277,400	\$7,980,000	\$8,751,800	\$9,599,900
HPHC HMO					
Employer Cost	\$4,199,600	\$4,600,300	\$5,040,200	\$5,523,400	\$6,054,000
Employee/Retiree Cost	<u>1,253,200</u>	<u>1,372,700</u>	<u>1,503,900</u>	<u>1,648,000</u>	<u>1,806,400</u>
Total Cost - HPHC HMO	\$5,452,800	\$5,973,000	\$6,544,100	\$7,171,400	\$7,860,400
Total Employer Cost - <u>Non-Medicare</u>	\$9,874,700	\$10,804,900	\$11,845,200	\$12,987,800	\$14,242,900
Total Employee/Retiree Cost - <u>Non-Medicare</u>	<u>3,394,400</u>	<u>3,702,000</u>	<u>4,058,500</u>	<u>4,449,900</u>	<u>4,880,300</u>
Total Cost - <u>Non-Medicare</u>	\$13,269,100	\$14,506,900	\$15,903,700	\$17,437,700	\$19,123,200
Difference with Current Plans - \$					
Employer Cost	-\$716,100	-\$787,700	-\$866,400	-\$953,100	-\$1,048,500
Employee/Retiree Cost	<u>-240,400</u>	<u>-264,600</u>	<u>-291,100</u>	<u>-320,300</u>	<u>-352,200</u>
Total Cost	-\$956,500	-\$1,052,300	-\$1,157,500	-\$1,273,400	-\$1,400,700
Difference with Current Plans - %					
Employer Cost	-6.2%	-6.2%	-6.2%	-6.3%	-6.3%
Employee/Retiree Cost	<u>-5.2%</u>	<u>-5.3%</u>	<u>-5.3%</u>	<u>-5.3%</u>	<u>-5.3%</u>
Total Cost	-5.9%	-5.9%	-6.0%	-6.0%	-6.0%

Acton Health Insurance Trust
Exhibit II.E - Financials
GIC Plans - Five-Year Analysis

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	<u>7/1/2012-6/30/2013</u>	<u>7/1/2013-6/30/2014</u>	<u>7/1/2014-6/30/2015</u>	<u>7/1/2015-6/30/2016</u>	<u>7/1/2016-6/30/2017</u>
<u>Non-Medicare Actives and Retirees</u>					
Master Health Plus --> GIC / UniCare State Indemnity Plan/Basic With CIC (Comprehensive)					
Employer Cost	\$377,900	\$415,700	\$457,300	\$503,000	\$553,300
Employee/Retiree Cost	<u>209,700</u>	<u>230,600</u>	<u>253,700</u>	<u>279,100</u>	<u>307,000</u>
Total Cost	\$587,600	\$646,300	\$711,000	\$782,100	\$860,300
Blue Care Elect Preferred (PPO) --> GIC / 1/3 HPHC Independence Plan (PPO), 1/3 Tufts Health Plan Navigator (PPO), 1/3 UniCare State Indemnity Plan/PLUS					
Employer Cost	\$112,100	\$123,300	\$135,600	\$149,200	\$164,100
Employee/Retiree Cost	<u>84,800</u>	<u>93,300</u>	<u>102,700</u>	<u>112,900</u>	<u>124,200</u>
Total Cost	\$196,900	\$216,600	\$238,300	\$262,100	\$288,300
Network Blue New England --> GIC / 1/2 Tufts Health Plan Spirit (HMO-type), 1/2 Tufts Health Plan Navigator (PPO)					
Employer Cost	\$4,518,700	\$4,970,600	\$5,467,600	\$6,014,400	\$6,615,800
Employee/Retiree Cost	<u>1,550,800</u>	<u>1,705,900</u>	<u>1,876,500</u>	<u>2,064,100</u>	<u>2,270,500</u>
Total Cost	\$6,069,500	\$6,676,500	\$7,344,100	\$8,078,500	\$8,886,300
HPHC HMO --> GIC / HPHC Primary Choice (HMO)					
Employer Cost	\$3,786,300	\$4,164,900	\$4,581,400	\$5,039,600	\$5,543,500
Employee/Retiree Cost	<u>1,130,700</u>	<u>1,243,700</u>	<u>1,368,100</u>	<u>1,504,900</u>	<u>1,655,400</u>
Total Cost	\$4,917,000	\$5,408,600	\$5,949,500	\$6,544,500	\$7,198,900
<u>Medicare Retirees</u>					
Medex 3 --> GIC / HPHC Medicare Enhance					
Employer Cost	\$863,300	\$949,700	\$1,044,600	\$1,149,100	\$1,264,000
Retiree Cost	<u>863,300</u>	<u>949,700</u>	<u>1,044,600</u>	<u>1,149,100</u>	<u>1,264,000</u>
Total Cost - Medicare	\$1,726,600	\$1,899,400	\$2,089,200	\$2,298,200	\$2,528,000
Tufts Medicare Preferred --> GIC / Tufts Medicare Preferred					
Employer Cost	\$127,200	\$139,900	\$153,900	\$169,300	\$186,200
Retiree Cost	<u>127,200</u>	<u>139,900</u>	<u>153,900</u>	<u>169,300</u>	<u>186,200</u>
Total Cost	\$254,400	\$279,800	\$307,800	\$338,600	\$372,400
TOTAL EMPLOYER COST - YEAR 1	\$9,785,500	\$10,764,100	\$11,840,400	\$13,024,600	\$14,326,900
TOTAL EMOLLOYEE/RETIREE COST - YEAR 1	<u>3,966,500</u>	<u>4,363,100</u>	<u>4,799,500</u>	<u>5,279,400</u>	<u>5,807,300</u>
TOTAL COST - YEAR 1	\$13,752,000	\$15,127,200	\$16,639,900	\$18,304,000	\$20,134,200
Difference with Current Plans - \$					
Employer Cost	-\$1,783,000	-\$1,901,000	-\$2,047,800	-\$2,207,300	-\$2,381,200
Employee/Retiree Cost	<u>-646,000</u>	<u>-676,000</u>	<u>-726,700</u>	<u>-781,800</u>	<u>-841,900</u>
Total Cost	-\$2,429,000	-\$2,577,000	-\$2,774,500	-\$2,989,100	-\$3,223,100
Difference with Current Plans - %					
Employer Cost	-15.4%	-15.0%	-14.7%	-14.5%	-14.3%
Employee/Retiree Cost	<u>-14.0%</u>	<u>-13.4%</u>	<u>-13.2%</u>	<u>-12.9%</u>	<u>-12.7%</u>
Total Cost	-15.0%	-14.6%	-14.3%	-14.0%	-13.8%

Acton Health Insurance Trust
Exhibit III.A - Plan Design Comparisons
Tufts Health Plan Navigator and Current Non-Medicare Plans

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Plan Provisions	GIC Non-Medicare Plan with largest subscriber enrollment Tufts Health Plan Navigator		Current BCBS Master Health Plus		
	In-Network	Out-of-Network	"\$5"	"\$15"	"\$20"
Coinsurance	100%	80%	100%	100%	100%
Annual Deductibles (Individual / Family)	\$250 / \$750	\$150 / Individual	N/A	N/A	N/A
Annual Out-of-Pocket Maximum (Individual / Family)	N/A	\$3,150 / Individual	N/A	N/A	N/A
Expenses that Apply Towards Out-of-Pocket Maximum	N/A	Deductible and coinsurance	N/A	N/A	N/A
Preventive Services	100% coverage	20% coinsurance after deductible	100% coverage	100% coverage	100% coverage
PCP Office Visits	\$20 per visit	20% coinsurance after deductible	\$5 per visit	\$15 per visit	\$20 per visit
Specialist Office Visits	Tier 1: \$25 per visit Tier 2: \$35 per visit Tier 3: \$45 per visit	20% coinsurance after deductible	\$5 per visit	\$15 per visit	\$20 per visit
Emergency Room	\$100 per visit (waived if admitted), then deductible	\$100 per visit (waived if admitted), then deductible	\$25 per visit (waived if admitted)	\$25 per visit (waived if admitted)	\$75 per visit (waived if admitted)
Hospital Inpatient	Tier 1: \$300, then deductible Tier 2: \$700, then deductible (max 4 copays per year)	20% coinsurance after deductible	100% coverage	100% coverage	100% coverage
Day Surgery Not performed at physician office	\$150, then deductible (max 4 copays per year)	20% coinsurance after deductible	100% coverage	100% coverage	100% coverage
Diagnostic Imaging, Lab Tests	100% coverage after deductible	20% coinsurance after deductible	100% coverage	100% coverage	100% coverage
High-Tech Imaging (MRIs, CT/CAT/PET scans)	\$100, then deductible (max 1 copay per day)	20% coinsurance after deductible	100% coverage	100% coverage	100% coverage
Durable Medical Equipment	100% coverage after deductible	20% coinsurance after deductible	20% coinsurance	20% coinsurance	20% coinsurance
Skilled Nursing Facility	20% coinsurance after deductible (max 45 days per year)		100% coverage (no day limit)	100% coverage (no day limit)	100% coverage (no day limit)
Prescription Drug Copays	<u>Retail (30 days):</u> \$10 Tier 1 \$25 Tier 2 \$50 Tier 3 <u>Mail Order (90 days):</u> \$20 Tier 1 \$50 Tier 2 \$110 Tier 3		<u>Retail (34 days):</u> \$5 generic \$10 brand <u>Mail Order (90 days):</u> \$5 generic \$5 brand	<u>Retail (30 days):</u> \$10 Tier 1 \$15 Tier 2 \$25 Tier 3 <u>Mail Order (90 days):</u> \$10 Tier 1 \$15 Tier 2 \$25 Tier 3	<u>Retail (30 days):</u> \$10 Tier 1 \$25 Tier 2 \$40 Tier 3 <u>Mail Order (90 days):</u> \$20 Tier 1 \$50 Tier 2 \$120 Tier 3
Annual Benefit Maximum	Unlimited		Unlimited	Unlimited	Unlimited
Fitness Benefit (membership reimbursement)	\$150 per year, per individual/family		No benefit	No benefit	No benefit

Acton Health Insurance Trust
 Exhibit III.A - Plan Design Comparisons
 Tufts Health Plan Navigator and Current Non-Medicare Plans

DRAFT

Plan Provisions	GIC Non-Medicare Plan with largest subscriber enrollment Tufts Health Plan Navigator		Current BCBS Blue Care Elect Preferred (PPO)			
	In-Network	Out-of-Network	"\$15" - In-Network	"15" - Out-of-Network	"\$20" - In-Network	"\$20" - Out-of-Network
Coinsurance	100%	80%	100%	80%	100%	80%
Annual Deductibles (Individual / Family)	\$250 / \$750	\$150 / Individual	N/A	\$250 / \$500	N/A	\$250 / \$500
Annual Out-of-Pocket Maximum (Individual / Family)	N/A	\$3,150 / Individual	N/A	\$1,250 / \$2,500	N/A	\$1,250 / \$2,500
Expenses that Apply Towards Out-of-Pocket Maximum	N/A	Deductible and coinsurance	N/A	Deductible and coinsurance	N/A	Deductible and coinsurance
Preventive Services	100% coverage	20% coinsurance after deductible	100% coverage	20% coinsurance after deductible	100% coverage	20% coinsurance after deductible
PCP Office Visits	\$20 per visit	20% coinsurance after deductible	\$15 per visit	20% coinsurance after deductible	\$20 per visit	20% coinsurance after deductible
Specialist Office Visits	Tier 1: \$25 per visit Tier 2: \$35 per visit Tier 3: \$45 per visit	20% coinsurance after deductible	\$15 per visit	20% coinsurance after deductible	\$20 per visit	20% coinsurance after deductible
Emergency Room	\$100 per visit (waived if admitted), then deductible	\$100 per visit (waived if admitted), then deductible	\$50 per visit (waived if admitted)	\$50 per visit (waived if admitted), no deductible	\$75 per visit (waived if admitted)	\$75 per visit (waived if admitted), no deductible
Hospital Inpatient	Tier 1: \$300, then deductible Tier 2: \$700, then deductible (max 4 copays per year)	20% coinsurance after deductible	100% coverage	20% coinsurance after deductible	100% coverage	20% coinsurance after deductible
Day Surgery Not performed at physician office	\$150, then deductible (max 4 copays per year)	20% coinsurance after deductible	100% coverage	20% coinsurance after deductible	100% coverage	20% coinsurance after deductible
Diagnostic Imaging, Lab Tests	100% coverage after deductible	20% coinsurance after deductible	100% coverage	20% coinsurance after deductible	100% coverage	20% coinsurance after deductible
High-Tech Imaging (MRIs, CT/CAT/PET scans)	\$100, then deductible (max 1 copay per day)	20% coinsurance after deductible	100% coverage	20% coinsurance after deductible	100% coverage	20% coinsurance after deductible
Durable Medical Equipment	100% coverage after deductible	20% coinsurance after deductible	100% coverage (\$1,500 annual max*)	20% coinsurance after deductible (\$1,500 annual max*)	100% coverage (\$1,500 annual max*)	20% coinsurance after deductible (\$1,500 annual max*)
Skilled Nursing Facility	20% coinsurance after deductible (max 45 days per year)		100% coverage (max 100 days per year)	20% coinsurance after deductible (max 100 days per year)	100% coverage (max 100 days per year)	20% coinsurance after deductible (max 100 days per year)
Prescription Drug Copays	<u>Retail (30 days):</u> \$10 Tier 1 \$25 Tier 2 \$50 Tier 3 <u>Mail Order (90 days):</u> \$20 Tier 1 \$50 Tier 2 \$110 Tier 3		<u>Retail (30 days):</u> \$10 Tier 1 \$25 Tier 2 \$45 Tier 3 <u>Mail Order (90 days):</u> \$10 Tier 1 \$25 Tier 2 \$45 Tier 3		<u>Retail (30 days):</u> \$10 Tier 1 \$25 Tier 2 \$40 Tier 3 <u>Mail Order (90 days):</u> \$20 Tier 1 \$50 Tier 2 \$120 Tier 3	
Annual Benefit Maximum	Unlimited		Unlimited		Unlimited	
Fitness Benefit (membership reimbursement)	\$150 per year, per individual / family		\$150 per year, per individual / family		\$150 per year, per individual / family	

Acton Health Insurance Trust
Exhibit III.A - Plan Design Comparisons
Tufts Health Plan Navigator and Current Non-Medicare Plans

DRAFT

Plan Provisions	GIC Non-Medicare Plan with largest subscriber enrollment Tufts Health Plan Navigator		Current BCBS Network Blue New England		
	In-Network	Out-of-Network	"\$5"	"\$15"	"\$20"
Coinsurance	100%	80%	100%	100%	100%
Annual Deductibles (Individual / Family)	\$250 / \$750	\$150 / Individual	N/A	N/A	N/A
Annual Out-of-Pocket Maximum (Individual / Family)	N/A	\$3,150 / Individual	N/A	N/A	N/A
Expenses that Apply Towards Out-of-Pocket Maximum	N/A	Deductible and coinsurance	N/A	N/A	N/A
Preventive Services	100% coverage	20% coinsurance after deductible	100% coverage	100% coverage	100% coverage
PCP Office Visits	\$20 per visit	20% coinsurance after deductible	\$5 per visit	\$15 per visit	\$20 per visit
Specialist Office Visits	Tier 1: \$25 per visit Tier 2: \$35 per visit Tier 3: \$45 per visit	20% coinsurance after deductible	\$5 per visit	\$15 per visit	\$20 per visit
Emergency Room	\$100 per visit (waived if admitted), then deductible	\$100 per visit (waived if admitted), then deductible	\$30 per visit (waived if admitted)	\$30 per visit (waived if admitted)	\$75 per visit (waived if admitted)
Hospital Inpatient	Tier 1: \$300, then deductible Tier 2: \$700, then deductible (max 4 copays per year)	20% coinsurance after deductible	100% coverage	100% coverage	100% coverage
Day Surgery Not performed at physician office	\$150, then deductible (max 4 copays per year)	20% coinsurance after deductible	100% coverage	100% coverage	100% coverage
Diagnostic Imaging, Lab Tests	100% coverage after deductible	20% coinsurance after deductible	100% coverage	100% coverage	100% coverage
High-Tech Imaging (MRIs, CT/CAT/PET scans)	\$100, then deductible (max 1 copay per day)	20% coinsurance after deductible	100% coverage	100% coverage	100% coverage
Durable Medical Equipment	100% coverage after deductible	20% coinsurance after deductible	100% coverage (\$1,500 annual max*)	100% coverage (\$1,500 annual max*)	100% coverage (\$1,500 annual max*)
Skilled Nursing Facility	20% coinsurance after deductible (max 45 days per year)		100% coverage (max 100 days per year)	100% coverage (max 100 days per year)	100% coverage (max 100 days per year)
Prescription Drug Copays	<u>Retail (30 days):</u> \$10 Tier 1 \$25 Tier 2 \$50 Tier 3 <u>Mail Order (90 days):</u> \$20 Tier 1 \$50 Tier 2 \$110 Tier 3		<u>Retail (30 days):</u> \$5 Tier 1 \$10 Tier 2 \$25 Tier 3 <u>Mail Order (90 days):</u> \$5 Tier 1 \$10 Tier 2 \$25 Tier 3	<u>Retail (30 days):</u> \$10 Tier 1 \$15 Tier 2 \$25 Tier 3 <u>Mail Order (90 days):</u> \$10 Tier 1 \$15 Tier 2 \$25 Tier 3	<u>Retail (30 days):</u> \$10 Tier 1 \$25 Tier 2 \$40 Tier 3 <u>Mail Order (90 days):</u> \$20 Tier 1 \$50 Tier 2 \$120 Tier 3
Annual Benefit Maximum	Unlimited		Unlimited	Unlimited	Unlimited
Fitness Benefit (membership reimbursement)	\$150 per year, per individual / family		\$150 per year, per individual / family	\$150 per year, per individual / family	\$150 per year, per individual / family

Acton Health Insurance Trust
Exhibit III.A - Plan Design Comparisons
Tufts Health Plan Navigator and Current Non-Medicare Plans

DRAFT

Plan Provisions	GIC Non-Medicare Plan with largest subscriber enrollment Tufts Health Plan Navigator		Current The Harvard Pilgrim HMO		
	In-Network	Out-of-Network	"\$5"	"\$15"	"\$20"
Coinsurance	100%	80%	100%	100%	100%
Annual Deductibles (Individual / Family)	\$250 / \$750	\$150 / Individual	N/A	N/A	N/A
Annual Out-of-Pocket Maximum (Individual / Family)	N/A	\$3,150 / Individual	N/A	N/A	N/A
Expenses that Apply Towards Out-of-Pocket Maximum	N/A	Deductible and coinsurance	N/A	N/A	N/A
Preventive Services	100% coverage	20% coinsurance after deductible	100% coverage	100% coverage	100% coverage
PCP Office Visits	\$20 per visit	20% coinsurance after deductible	\$5 per visit	\$15 per visit	\$20 per visit
Specialist Office Visits	Tier 1: \$25 per visit Tier 2: \$35 per visit Tier 3: \$45 per visit	20% coinsurance after deductible	\$5 per visit	\$15 per visit	\$20 per visit
Emergency Room	\$100 per visit (waived if admitted), then deductible	\$100 per visit (waived if admitted), then deductible	\$30 per visit (waived if admitted)	\$30 per visit (waived if admitted)	\$75 per visit (waived if admitted)
Hospital Inpatient	Tier 1: \$300, then deductible Tier 2: \$700, then deductible (max 4 copays per year)	20% coinsurance after deductible	100% coverage	100% coverage	100% coverage
Day Surgery Not performed at physician office	\$150, then deductible (max 4 copays per year)	20% coinsurance after deductible	100% coverage	100% coverage	100% coverage
Diagnostic Imaging, Lab Tests	100% coverage after deductible	20% coinsurance after deductible	100% coverage	100% coverage	100% coverage
High-Tech Imaging (MRIs, CT/CAT/PET scans)	\$100, then deductible (max 1 copay per day)	20% coinsurance after deductible	100% coverage	100% coverage	100% coverage
Durable Medical Equipment	100% coverage after deductible	20% coinsurance after deductible	20% coinsurance (\$5,000 annual max)	20% coinsurance (\$5,000 annual max)	20% coinsurance (\$1,000 out-of-pocket annual maximum)
Skilled Nursing Facility	20% coinsurance after deductible (max 45 days per year)		100% coverage (max 100 days per year)	100% coverage (max 100 days per year)	100% coverage (max 100 days per year)
Prescription Drug Copays	<u>Retail (30 days):</u> \$10 Tier 1 \$25 Tier 2 \$50 Tier 3 <u>Mail Order (90 days):</u> \$20 Tier 1 \$50 Tier 2 \$110 Tier 3		<u>Retail (30 days):</u> \$5 Tier 1 \$10 Tier 2 \$25 Tier 3 <u>Mail Order (90 days):</u> \$10 Tier 1 \$20 Tier 2 \$75 Tier 3	<u>Retail (30 days):</u> \$10 Tier 1 \$15 Tier 2 \$25 Tier 3 <u>Mail Order (90 days):</u> \$10 Tier 1 \$20 Tier 2 \$75 Tier 3	<u>Retail (30 days):</u> \$10 Tier 1 \$25 Tier 2 \$40 Tier 3 <u>Mail Order (90 days):</u> \$20 Tier 1 \$50 Tier 2 \$120 Tier 3
Annual Benefit Maximum	Unlimited		Unlimited	Unlimited	Unlimited
Fitness Benefit (membership reimbursement)	\$150 per year, per individual / family		\$150 per year, per individual / family	\$150 per year, per individual / family	\$150 per year, per individual / family

Acton Health Insurance Trust
Exhibit III.B - Plan Design Comparisons

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UniCare State Indemnity Plan / Medicare Extension OME and Current Medicare Plans

	GIC Medicare Plan with largest subscriber enrollment UniCare State Indemnity Plan / Medicare Extension OME With CIC (comprehensive)	Current BCBS Medex 3	Current Tufts Medicare Preferred
Plan Provisions			
Preventive Services	100% coverage	100% coverage	100% coverage
PCP Office Visits	100% coverage after \$35 calendar year deductible	100% coverage of Medicare deductible and coinsurance	\$10 per visit
Specialist Office Visits	100% coverage after \$35 calendar year deductible	100% coverage of Medicare deductible and coinsurance	\$15 per visit
Routine Eye Exams	\$10 per visit every 24 months	100% coverage of Medicare deductible and coinsurance	\$15 per visit and up to \$150 per year toward the purchase of glasses
Emergency Room	\$25 per visit (waived if admitted)	100% coverage of Medicare deductible and coinsurance	\$50 per visit (waived if admitted)
Hearing Aids	100% coverage of the first \$500 after \$35 calendar year deductible; then 80% of the next \$1,500, up to a maximum benefit of \$1,700 every two years	100% coverage of Medicare deductible and coinsurance	\$500 purchase or repair allowance every 36 months
Hospital Inpatient	\$50 per admission (max 1 copay per calendar quarter; waived if readmitted within 30 days in the same calendar year)	100% coverage of Medicare deductible and coinsurance	100% coverage after \$300 annual deductible
Skilled Nursing Facility	\$50 per admission (max 1 copay per calendar quarter; waived if readmitted within 30 days in the same calendar year)	100% coverage of Medicare daily coinsurance for days 21-100; \$16 daily for days 101-365	100% coverage (max 100 days per year)
Day Surgery Not performed at physician office	100% coverage	100% coverage of Medicare deductible and coinsurance	\$50 per day
Diagnostic Imaging, Lab Tests	100% coverage	100% coverage of Medicare deductible and coinsurance	100% coverage
Out-of-Pocket Maximum	\$500	N/A	N/A
Prescription Drug Copays	<u>Retail (30 days):</u> \$10 Tier 1 \$25 Tier 2 \$50 Tier 3 <u>Mail Order (90 days):</u> \$20 Tier 1 \$50 Tier 2 \$110 Tier 3	<u>Retail (30 days):</u> \$10 Tier 1 \$20 Tier 2 \$35 Tier 3 <u>Mail Order (90 days):</u> \$10 Tier 1 \$20 Tier 2 \$35 Tier 3	<u>Retail (30 days):</u> \$10 Tier 1 \$25 Tier 2 \$50 Tier 3 <u>Mail Order (90 days):</u> \$20 Tier 1 \$50 Tier 2 \$100 Tier 3 After reaching \$4,550 in annual out-of-pocket drug costs: \$2.50 generic / \$6.30 brand or 5% coinsurance, whichever is greater

Acton Health Insurance Trust
 Exhibit III.C - Plan Design Comparisons
 Tufts Health Plan Navigator and Two Alternative Non-Medicare Plans

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Plan Provisions	GIC Non-Medicare Plan with largest subscriber enrollment Tufts Health Plan Navigator		Alternative 1		Alternative 2	
	In-Network	Out-of-Network	In-Network	Out-of-Network (if applicable)	In-Network	Out-of-Network (if applicable)
Coinsurance	100%	80%	100%	80%	100%	80%
Annual Deductibles (Individual / Family)	\$250 / \$750	\$150 / Individual	N/A	\$250 / \$500	N/A	\$250 / \$500
Annual Out-of-Pocket Maximum (Individual / Family)	N/A	\$3,150 / Individual	N/A	\$1,250 / \$2,500	N/A	\$1,250 / \$2,500
Expenses that Apply Towards Out-of-Pocket Maximum	N/A	Deductible and coinsurance	N/A	Deductible and coinsurance	N/A	Deductible and coinsurance
Preventive Services	100% coverage	20% coinsurance after deductible	100% coverage	20% coinsurance after deductible	100% coverage	20% coinsurance after deductible
PCP Office Visits	\$20 per visit	20% coinsurance after deductible	\$20 per visit	20% coinsurance after deductible	\$20 per visit	20% coinsurance after deductible
Specialist Office Visits	Tier 1: \$25 per visit Tier 2: \$35 per visit Tier 3: \$45 per visit	20% coinsurance after deductible	\$20 per visit	20% coinsurance after deductible	\$35 per visit	20% coinsurance after deductible
Emergency Room	\$100 per visit (waived if admitted), then deductible	\$100 per visit (waived if admitted), then deductible	\$100 per visit (waived if admitted)	\$100 per visit (waived if admitted), no deductible	\$100 per visit (waived if admitted)	\$100 per visit (waived if admitted), no deductible
Hospital Inpatient	Tier 1: \$300, then deductible Tier 2: \$700, then deductible (max 4 copays per year)	20% coinsurance after deductible	100% coverage	20% coinsurance after deductible	\$200 copay	20% coinsurance after deductible
Day Surgery Not performed at physician office	\$150, then deductible (max 4 copays per year)	20% coinsurance after deductible	100% coverage	20% coinsurance after deductible	\$100 copay	20% coinsurance after deductible
Diagnostic Imaging, Lab Tests	100% coverage after deductible	20% coinsurance after deductible	100% coverage	20% coinsurance after deductible	100% coverage	20% coinsurance after deductible
High-Tech Imaging (MRIs, CT/CAT/PET scans)	\$100, then deductible (max 1 copay per day)	20% coinsurance after deductible	100% coverage	20% coinsurance after deductible	\$100 copay	20% coinsurance after deductible
Durable Medical Equipment	100% coverage after deductible	20% coinsurance after deductible	Same as current	Same as current	Same as current	Same as current
Skilled Nursing Facility	20% coinsurance after deductible (max 45 days per year)		100% coverage (max days per year - same as current)	20% coinsurance after deductible (max 100 days per year)	100% coverage (max days per year - same as current)	20% coinsurance after deductible (max 100 days per year)
Prescription Drug Copays	<u>Retail (30 days):</u> \$10 Tier 1 \$25 Tier 2 \$50 Tier 3 <u>Mail Order (90 days):</u> \$20 Tier 1 \$50 Tier 2 \$110 Tier 3		<u>Retail (30 days):</u> \$10 Tier 1 \$25 Tier 2 \$50 Tier 3 <u>Mail Order (90 days):</u> \$20 Tier 1 \$50 Tier 2 \$110 Tier 3 (or current if higher)		<u>Retail (30 days):</u> \$10 Tier 1 \$25 Tier 2 \$50 Tier 3 <u>Mail Order (90 days):</u> \$20 Tier 1 \$50 Tier 2 \$110 Tier 3 (or current if higher)	
Annual Benefit Maximum	Unlimited		Unlimited		Unlimited	
Fitness Benefit (membership reimbursement)	\$150 per year, per individual / family		Same as current		Same as current	

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 Exhibit III.E - Plan Design Comparisons
 Minuteman Nashoba Health Group - Medicare Plans

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	Fallon Senior Plan Premier	Tufts Medicare Preferred HMO	Tufts Medicare Complement (TMC)	Medicare Compliment Plan (MCP)
Plan Provisions	Medicare Advantage HMO	Medicare Advantage HMO	Medi-gap HMO	Freedom-of-Choice Medicare supplement plan
Preventive Services	100% coverage	100% coverage	100% coverage	100% coverage
PCP Office Visits	\$10 per visit	\$10 per visit	\$10 per visit	\$10 per visit
Specialist Office Visits	\$20 per visit	\$15 per visit	\$10 per visit	\$10 per visit
Routine Eye Exams	\$20 per visit and \$150 eyewear allowance every 24 months	\$15 per visit and up to \$150 per year toward the purchase of glasses	\$10 per visit	Not covered
Emergency Room	\$50 per visit (waived if admitted)	\$50 per visit (waived if admitted)	\$50 per visit (waived if admitted)	100% coverage
Hearing Aids	\$500 purchase allowance every 36 months	\$500 purchase or repair allowance every 36 months	Not covered	Not covered
Hospital Inpatient	100% coverage	100% coverage after \$300 annual deductible	100% coverage	100% coverage
Skilled Nursing Facility	100% coverage (max 100 days per year)	100% coverage (max 100 days per year)	100% coverage (max 100 days per year)	100% coverage (max 100 days per year; any charges over \$16 per day from day 101-365 are not covered)
Day Surgery Not performed at physician office	\$75 per occurrence	\$50 per day	100% coverage	100% coverage
Diagnostic Imaging, Lab Tests	100% coverage	100% coverage	100% coverage	100% coverage
Out-of-Pocket Maximum	N/A	N/A	N/A	N/A
Prescription Drug Copays	<u>Retail (30 days):</u> \$10 Tier 1 \$25 Tier 2 \$45 Tier 3 <u>Mail Order (90 days):</u> \$20 Tier 1 \$50 Tier 2 \$90 Tier 3 <u>After reaching \$4,550 in annual out-of-pocket drug costs:</u> \$2.50 generic / \$6.30 brand or 5% coinsurance, whichever is greater	<u>Retail (30 days):</u> \$10 Tier 1 \$25 Tier 2 \$50 Tier 3 <u>Mail Order (90 days):</u> \$20 Tier 1 \$50 Tier 2 \$100 Tier 3 <u>After reaching \$4,550 in annual out-of-pocket drug costs:</u> \$2.50 generic / \$6.30 brand or 5% coinsurance, whichever is greater	<u>Retail (30 days):</u> \$8 Tier 1 \$20 Tier 2 \$35 Tier 3 <u>Mail Order (90 days):</u> \$16 Tier 1 \$40 Tier 2 \$70 Tier 3 <u>After reaching \$4,550 in annual out-of-pocket drug costs:</u> \$2.50 generic / \$6.30 brand or 5% coinsurance, whichever is greater	<u>Retail (30 days):</u> \$5 Tier 1 \$10 Tier 2 \$25 Tier 3 <u>Mail Order (90 days):</u> \$10 Tier 1 \$20 Tier 2 \$50 Tier 3 <u>After reaching \$4,550 in annual out-of-pocket drug costs:</u> \$2.50 generic / \$6.30 brand or 5% coinsurance, whichever is greater