

**City of Boston**  
**Active Employees & Non-Medicare Retirees**  
**Rate Comparison - FY17-FY18**

Monthly Rates		FY17 (7/1/16-6/30/17)		FY18 (7/1/17-6/30/18)	
		Employee Share %	Employee Monthly	Employee Share %	Employee Monthly
Blue Care Elect Preferred PPO 10% Premium Increase	Ind	29.0%	\$331.11	29.5%	\$370.50
	Fam	29.0%	\$817.05	29.5%	\$914.16
Harvard Pilgrim HMO 6.0% Premium Increase	Ind	19.0%	\$146.51	19.5%	\$159.38
	Fam	19.0%	\$394.16	19.5%	\$429.00
Neighborhood Health HMO 5.4% Premium Increase	Ind	19.0%	\$122.72	19.5%	\$132.86
	Fam	19.0%	\$325.39	19.5%	\$352.30

Retirees Only: July 2017 premiums will be deducted from the June 2017 pension check.

Bi-Weekly Rates		FY17 (7/1/16-6/30/17)		FY18 (7/1/17-6/30/18)	
		Employee Share %	Employee Bi-Weekly	Employee Share %	Employee Bi-Weekly
Blue Care Elect Preferred PPO 10% Premium Increase	Ind	29.0%	\$152.82	29.5%	\$171.00
	Fam	29.0%	\$377.10	29.5%	\$421.92
Harvard Pilgrim HMO 6.0% Premium Increase	Ind	19.0%	\$67.62	19.5%	\$73.56
	Fam	19.0%	\$181.92	19.5%	\$198.00
Neighborhood Health HMO 5.4% Premium Increase	Ind	19.0%	\$56.64	19.5%	\$61.32
	Fam	19.0%	\$150.18	19.5%	\$162.60

Weekly Rates		FY17 (7/1/16-6/30/17)		FY18 (7/1/17-6/30/18)	
		Employee Share %	Employee Weekly	Employee Share %	Employee Weekly
Blue Care Elect Preferred PPO 10% Premium Increase	Ind	29.0%	\$76.41	29.5%	\$85.50
	Fam	29.0%	\$188.55	29.5%	\$210.96
Harvard Pilgrim HMO 6.0% Premium Increase	Ind	19.0%	\$33.81	19.5%	\$36.78
	Fam	19.0%	\$90.96	19.5%	\$99.00
Neighborhood Health HMO 5.4% Premium Increase	Ind	19.0%	\$28.32	19.5%	\$30.66
	Fam	19.0%	\$75.09	19.5%	\$81.30