

12/05/2011  
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\*\*\*TOWN OF MILLIS\*\*\*  
FISCAL YEAR 2013 BUDGET REQUESTS  
\*\*\*FORM 3\*\*\*

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GENERAL FUND	FY 2010 ACTUAL EXPENDITURES	FY 2011 ACTUAL EXPENDITURES	FY 2012 REVISED ***BUDGET***	FY 2013 DEPARTMENT REQUEST
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EMPLOYEE BENEFITS				
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SALARIES				
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0190051 519100 INSURANCE DISABILITY	5,580.98	5,743.23	7,000.00	5100
0190051 519150 INSURANCE HEALTH	1,803,913.98	2,018,333.96	2,200,575.20	2,147,912
0190051 519200 INSURANCE LIFE	11,133.63	13,124.96	13,000.00	13,500
0190051 519250 MEDICARE	183,047 193,405.89	203,497.38	205,000.00	223,000
0190051 519300 RETIREMENT	912,175.31	946,363.96	1,009,685.00	1,059,734
0190051 519350 MEDICARE SURCHARGE	541.27	1,355.40	1,000.00	1500
0190051 519400 SECTION 125 COSTS	1,590.00	1,886.00	2,000.00	2000
0190051 519450 MEDICARE B REIMBURSEMENT	20,037 20,455.55	22,986.15	21,000.00	23,000
0190051 519500 RMT HEALTH COVERAGE	.00	.00	.00	
TOTAL EMPLOYEE BENEFITS	2,948,796.61	3,213,291.04	3,459,260.20	3,475,746
TOTAL GENERAL FUND	21,087,515.84	21,699,381.02	22,050,677.91	

**GIC Health Plan Rates**  
**MONTHLY RATES AS OF JULY 1, 2012**  
**FOR THE TOWN OF MILLIS ENROLLEES**

INCLUDES .5% ADMINISTRATIVE FEE

**Active Employees, Survivors, and Retirees without Medicare**

Health Plan	Teacher Who Retired Before July 1, 2008 Pays Monthly %	Teacher Who Retired Before July 1, 2008 Pays Monthly \$	Teacher Who Retired Before July 1, 2008 Pays Monthly \$	Employee and Non-Medicare Retiree/ Survivor Pays Monthly %	Employee and Non-Medicare Retiree/ Survivor Pays Monthly \$	Employee and Non-Medicare Retiree/ Survivor Pays Monthly \$
		Individual Coverage	Family Coverage		Individual Coverage	Family Coverage
Fallon Community Health Plan Direct Care	10%	45.45	109.08	30%	136.35	327.24
Fallon Community Health Plan Select Care	10%	57.34	137.61	30%	172.01	412.83
Harvard Pilgrim Independence Plan	10%	65.46	159.71	30%	196.36	479.13
Harvard Pilgrim Primary Choice	10%	52.37	127.77	30%	157.09	383.31
Health New England	10%	44.52	110.36	30%	133.54	331.08
NHP Care ( <i>Neighborhood Health Plan</i> )	10%	47.58	126.09	30%	142.75	378.27
Tufts Health Plan Navigator	10%	60.04	146.40	30%	180.10	439.19
Tufts Health Plan Spirit	10%	47.84	116.66	30%	143.52	349.98
UniCare State Indemnity Plan/Basic with CIC ( <i>Comprehensive</i> )	10%	126.05	293.77	50%	466.88	1089.94
UniCare State Indemnity Plan/Basic without CIC ( <i>Non-Comprehensive</i> )	10%	85.21	199.04	50%	426.04	995.21
UniCare State Indemnity Plan/ Community Choice	10%	42.37	101.68	30%	127.10	305.03
UniCare State Indemnity Plan/PLUS	10%	57.78	137.92	30%	173.33	413.74

**Retirees and Survivors with Medicare**

Health Plan	Teacher Who Retired Before July 1, 2008 Pays Monthly Per Person		Retiree and Survivor Pays Monthly Per Person	
	%	\$	%	\$
Fallon Senior Plan*	10%	26.45	30%	79.36
Harvard Pilgrim Medicare Enhance	10%	38.74	50%	193.72
Health New England MedPlus	10%	35.96	30%	107.87
Tufts Health Plan Medicare Complement	10%	39.10	30%	117.28
Tufts Health Plan Medicare Preferred*	10%	24.32	30%	72.96
UniCare State Indemnity Plan/Medicare Extension (OME) with CIC ( <i>Comprehensive</i> )	10%	46.99	50%	192.12
UniCare State Indemnity Plan/Medicare Extension (OME) without CIC ( <i>Non-Comprehensive</i> )	10%	36.28	50%	181.41

*Rates are subject to federal approval and changed January 1, 2011.*

*Rates are calculated by the Town of Millis Benefits Office.*

**RATE QUESTIONS? CALL: 1-508-376-7091**





# Norfolk County Retirement System

*J. Lannon*

December 15, 2011

To: Board of Selectmen  
Town of Millis

From: Norfolk County Retirement System

Subj: Town of Millis  
Fiscal Year 2013 Appropriation

**RETIREMENT BOARD**

Joseph A. Connolly  
Chairman/Treasurer

Josephine R. Shea  
Elected Member

Thomas A. Kozie  
Appointed Member

Paul J. Connors  
Appointed Member

Edwin S. Little  
Elected Member

Kathleen Kiehl-Becchetti, Esq.

The Norfolk County Retirement System has received several inquiries relative to the amounts of the Fiscal Year 2013 member unit appropriations. We have received the appropriation figures. The Retirement Board will decide at a future meeting whether to again offer units the option of paying the appropriation in two equal payments, one due on July 1, 2012 and the second due on January 1, 2013, or making a single payment of the appropriation, reduced by approximately 2%, on July 1, 2012. The amounts of each are set forth below. Please note that your Fiscal Year 2013 appropriation includes prior Early Retirement Incentives (ERIs), where applicable.

Option 1: \$1,080,733.00 payable in two equal payments of \$540,366.50, the first on July 1, 2012 and the second on January 1, 2013.

Option 2: \$ 1,059,734.00 due in full on July 1, 2012.

Appropriation bills will be sent under separate cover at a later date.

We hope the above information is helpful. If you have any questions, please contact Patrick LePage at 781-821-0664. Thank you.

ACTIVES, SURVIVORS, NON-MEDICARE ELIGIBLE RETIREES										IND		FAM		90/10		90/10		IND		FAM		RMT		RMT TOWN		IND		FAM		90-10 COST		7030-5050		7030-5050		NON		NON		IND		FAM		70-30 cost yr
PLAN	TOWN/	EMPLOY %	FULL COST	FULL COST	# OF INDIVID	# OF FAMILY	IND	FAM	RMT	RMT	RMT	RMT TOWN	RMT TOWN	IND	FAM	90-10 COST	# OF INDIVID	# OF FAMILY	ALL NON	ALL NON	ALL NON	RMT TOWN	RMT TOWN	IND	FAM	90-10 COST	# OF INDIVID	# OF FAMILY	ALL NON	ALL NON	ALL NON	RMT TOWN	RMT TOWN	IND	FAM	70-30 cost yr								
PLAN	TYPE		PREMIUM	PREMIUM	SUBSCRBR	SUBSCRBR	CIC COST	CIC COST	% PAID	IND \$	FAM \$	COST IND \$	COST FAM \$	PROOF	PROOF	per yr	SUBSCRBR	SUBSCRBR	% PAID	RMT IND \$	RMT FAM \$	COST IND \$	COST FAM \$	PROOF	PROOF	per yr	SUBSCRBR	SUBSCRBR	% PAID	RMT IND \$	RMT FAM \$	COST IND \$	COST FAM \$	PROOF	PROOF									
FALLON COMMUNITY - DIRECT	HMO	70-30	454.50	1,090.80	0	0			10%	\$ 45.45	\$ 109.08	\$ 409.05	\$ 981.72	\$ 454.50	\$ 1,090.80	\$ -	3	0	30%	\$ 136.35	\$ 327.24	\$ 318.15	\$ 763.56	\$ 454.50	\$ 1,090.80	\$ -	3	0	30%	\$ 136.35	\$ 327.24	\$ 318.15	\$ 763.56	\$ 454.50	\$ 1,090.80	\$ 11,453.40								
FALLON COMMUNITY - SELECT	HMO	70-30	573.38	1,376.11	1	0			10%	\$ 57.34	\$ 137.61	\$ 516.04	\$ 1,238.50	\$ 573.38	\$ 1,376.11	\$ 6,192.50	1	3	30%	\$ 172.01	\$ 412.83	\$ 401.37	\$ 963.28	\$ 573.38	\$ 1,376.11	\$ -	1	3	30%	\$ 172.01	\$ 412.83	\$ 401.37	\$ 963.28	\$ 573.38	\$ 1,376.11	\$ 39,494.36								
HARVARD PILGRIM - INDEPENDENCE	PPO	70-30	654.56	1,597.13	7	2			10%	\$ 65.46	\$ 159.71	\$ 589.10	\$ 1,437.42	\$ 654.56	\$ 1,597.13	\$ 83,982.74	45	63	30%	\$ 196.37	\$ 479.14	\$ 458.19	\$ 1,117.99	\$ 654.56	\$ 1,597.13	\$ -	45	63	30%	\$ 196.37	\$ 479.14	\$ 458.19	\$ 1,117.99	\$ 654.56	\$ 1,597.13	\$ 1,092,624.88								
HARVARD PILGRIM - PRIMARY CHOICE	HMO	70-30	523.65	1,277.70	0	0			10%	\$ 52.37	\$ 127.77	\$ 471.29	\$ 1,149.93	\$ 523.65	\$ 1,277.70	\$ -	12	14	30%	\$ 157.10	\$ 383.31	\$ 366.56	\$ 894.39	\$ 523.65	\$ 1,277.70	\$ -	12	14	30%	\$ 157.10	\$ 383.31	\$ 366.56	\$ 894.39	\$ 523.65	\$ 1,277.70	\$ 203,041.44								
HEALTH NEW ENGLAND	HMO	70-30	445.15	1,103.63	0	0			10%	\$ 44.52	\$ 110.36	\$ 400.64	\$ 993.27	\$ 445.15	\$ 1,103.63	\$ -	0	0	30%	\$ 133.55	\$ 331.09	\$ 311.61	\$ 772.54	\$ 445.15	\$ 1,103.63	\$ -	0	0	30%	\$ 133.55	\$ 331.09	\$ 311.61	\$ 772.54	\$ 445.15	\$ 1,103.63	\$ -								
NAVIGATOR BY TUFTS	PPO	70-30	600.36	1,463.98	0	0			10%	\$ 60.04	\$ 146.40	\$ 540.32	\$ 1,317.58	\$ 600.36	\$ 1,463.98	\$ -	3	6	30%	\$ 180.11	\$ 439.19	\$ 420.25	\$ 1,024.79	\$ 600.36	\$ 1,463.98	\$ -	3	6	30%	\$ 180.11	\$ 439.19	\$ 420.25	\$ 1,024.79	\$ 600.36	\$ 1,463.98	\$ 88,913.66								
SPIRIT BY TUFTS	HMO	70-30	478.41	1,166.63	0	0			10%	\$ 47.84	\$ 116.66	\$ 430.57	\$ 1,049.97	\$ 478.41	\$ 1,166.63	\$ -	0	1	30%	\$ 143.52	\$ 349.99	\$ 334.89	\$ 816.64	\$ 478.41	\$ 1,166.63	\$ -	0	1	30%	\$ 143.52	\$ 349.99	\$ 334.89	\$ 816.64	\$ 478.41	\$ 1,166.63	\$ 9,799.69								
NHP CARE	HMO	70-30	475.84	1,260.93	0	0			10%	\$ 47.58	\$ 126.09	\$ 428.26	\$ 1,134.84	\$ 475.84	\$ 1,260.93	\$ -	4	0	30%	\$ 142.75	\$ 378.28	\$ 333.09	\$ 882.65	\$ 475.84	\$ 1,260.93	\$ -	4	0	30%	\$ 142.75	\$ 378.28	\$ 333.09	\$ 882.65	\$ 475.84	\$ 1,260.93	\$ 15,988.22								
UNICARE STATE INDEMNITY WITH/ CIC	INDEM	50-50	892.93	2,085.15	4	4	40.84	94.73	10%	\$ 126.05	\$ 293.77	\$ 766.88	\$ 1,791.38	\$ 892.93	\$ 2,085.15	\$ 122,796.43	2	0	50%	\$ 466.89	\$ 1,089.94	\$ 426.05	\$ 995.21	\$ 892.93	\$ 2,085.15	\$ -	2	0	50%	\$ 466.89	\$ 1,089.94	\$ 426.05	\$ 995.21	\$ 892.93	\$ 2,085.15	\$ 10,225.08								
UNICARE STATE INDEMNITY WITHOUT CIC	INDEM	50-50	852.09	1,990.42	0	0			10%	\$ 85.21	\$ 199.04	\$ 766.88	\$ 1,791.38	\$ 852.09	\$ 1,990.42	\$ -	0	0	50%	\$ 426.05	\$ 995.21	\$ 426.05	\$ 995.21	\$ 852.09	\$ 1,990.42	\$ -	0	0	50%	\$ 426.05	\$ 995.21	\$ 426.05	\$ 995.21	\$ 852.09	\$ 1,990.42	\$ -								
UNICARE - COMMUNITY CHOICE	PPO	70-30	423.67	1,016.79	2	0			10%	\$ 42.37	\$ 101.68	\$ 381.30	\$ 915.11	\$ 423.67	\$ 1,016.79	\$ 9,151.27	3	6	30%	\$ 127.10	\$ 305.04	\$ 296.57	\$ 711.75	\$ 423.67	\$ 1,016.79	\$ -	3	6	30%	\$ 127.10	\$ 305.04	\$ 296.57	\$ 711.75	\$ 423.67	\$ 1,016.79	\$ 61,922.70								
UNICARE - PLUS	PPO	70-30	577.78	1,379.15	0	0			10%	\$ 57.78	\$ 137.92	\$ 520.00	\$ 1,241.24	\$ 577.78	\$ 1,379.15	\$ -	1	2	30%	\$ 173.33	\$ 413.75	\$ 404.45	\$ 965.41	\$ 577.78	\$ 1,379.15	\$ -	1	2	30%	\$ 173.33	\$ 413.75	\$ 404.45	\$ 965.41	\$ 577.78	\$ 1,379.15	\$ 28,023.07								
MEDICARE ELIGIBLE RETIREES					14	6										\$ 222,122.95	74	95																		\$ 1,561,486.51								

PLAN	PLAN TYPE	TOWN/	FULL COST	RMT	CIC	RMT	RMT TOWN	proof	# 90-10	cost per yr	NON RMT	RMT	TOWN	proof	# 50-50/70-30	cost per yr	GRAND TOTAL	TOTAL SUBSCRIBERS	As Of 03-05-12
PLAN	TYPE	EMPLOY %	PREMIUM	% PAID	COST	EMPLOYEE	COST		SUBSCRIBR		% PAID	\$ PAID	\$ PAID		SUBSCRIBR				
FALLON SENIOR PLAN	MEDICARE HMO	70-30	\$ 264.54	10%		\$ 26.45	\$ 238.09	\$ 264.54	1	\$ 2,857.03	30%	\$ 79.36	\$ 185.18	\$ 264.54	0				
HARVARD PILGRIM MEDICARE ENHANCE	MEDICARE INDEM	50-50	\$ 387.44	10%		\$ 38.74	\$ 348.70	\$ 387.44	7	\$ 29,290.46	50%	\$ 193.72	\$ 193.72	\$ 387.44	26	\$ 60,440.64			
HEALTH NEW ENGLAND MEDICARE PLUS	MEDICARE HMO	70-30	\$ 359.59	10%		\$ 35.96	\$ 323.63	\$ 359.59	0		30%	\$ 107.88	\$ 251.71	\$ 359.59	0	\$ -			
TUFTS MEDICARE COMPLEMENT	MEDICARE HMO	70-30	\$ 390.95	10%		\$ 39.10	\$ 351.86	\$ 390.95	0	\$ -	30%	\$ 117.29	\$ 273.67	\$ 390.95	3	\$ 9,851.94			
TUFTS MEDICARE PREFERRED	MEDICARE HMO	70-30	\$ 243.21	10%		\$ 24.32	\$ 218.89	\$ 243.21	2	\$ 5,253.34	30%	\$ 72.96	\$ 170.25	\$ 243.21	2	\$ 4,085.93			
UNICARE INDEMNITY MEDICARE W/ CIC	MEDICARE INDEM	50-50	\$ 373.53	10%	\$ 10.71	\$ 46.99	\$ 326.54	\$ 373.53	55	\$ 215,515.08	50%	\$ 192.12	\$ 181.41	\$ 373.53	17	\$ 37,007.64			
UNICARE INDEMNITY MEDICARE W/O CIC	MEDICARE INDEM	50-50	\$ 362.82	10%		\$ 36.28	\$ 326.54	\$ 362.82	0	\$ -	50%	\$ 181.41	\$ 181.41	\$ 362.82	0	\$ -			
									65					48					
										\$ 252,915.91						\$ 111,386.15			

**\$ 2,147,911.52**  
302  
As Of 03-05-12