

11/24/2014  
19:23:48

\*\*\*TOWN OF MILLIS\*\*\*  
FISCAL YEAR 2016 BUDGET REQUESTS  
\*\*\*FORM 3\*\*\*

GENERAL FUND	FY 2013 ACTUAL EXPENDITURES	FY 2014 ACTUAL EXPENDITURES	FY 2015 REVISED ***BUDGET***	FY 2016 DEPARTMENT REQUEST
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EMPLOYEE BENEFITS				
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SALARIES				
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0190051 519100 INSURANCE DISABILITY	5,393.34	2,397.28	2,400.00	<u>2400.00</u>
0190051 519150 INSURANCE HEALTH	2,104,095.97	2,217,236.46	2,341,540.00	<u>2,418,303.00</u>
0190051 519200 INSURANCE LIFE	12,608.28	10,285.23	16,000.00	<u>12,500.00</u>
0190051 519250 MEDICARE	230,858.78	246,993.49	250,000.00	<u>280,000.00</u>
0190051 519300 RETIREMENT	1,067,813.96	1,109,726.96	1,262,323.00	<u>1,355,413.00</u>
0190051 519350 MEDICARE SURCHARGE	1,228.80	1,258.80	1,500.00	<u>1259.00</u>
0190051 519400 SECTION 125 COSTS	1,945.50	1,858.00	2,100.00	<u>2100.00</u>
0190051 519450 MEDICARE B REIMBURSEMENT	39,450.15	36,402.00	41,500.00	<u>41,500.00</u>
0190051 519500 RMT HEALTH COVERAGE	.00	.00	.00	<u>          </u>
TOTAL EMPLOYEE BENEFITS	3,463,394.78	3,626,158.22	3,917,363.00	<u>          </u>
TOTAL GENERAL FUND	23,195,058.90	24,310,231.36	25,149,016.56	<u>          </u>

ACTIVES, SURVIVORS, NON-MEDICARE ELIGIBLE RETIREES														70-30-50-50	70-30-50-50	NON				IND	FAM	70-30 cost yr					
PLAN	TYPE	TOWN/ EMPLOY %	IND FULL COST PREMIUM	FAM FULL COST PREMIUM	90/10 # OF INDIVID SUBSCRBR	90/10 # OF FAMILY SUBSCRBR	IND CIC COST	FAM CIC COST	RMT % PAID	RMT IND \$	RMT FAM \$	RMT TOWN COST IND \$	RMT TOWN COST FAM \$	IND PROOF	FAM PROOF	90-10 COST per yr	# OF INDIVID SUBSCRBR	# OF FAMILY SUBSCRBR	ALL % PAID	NON RMT IND \$	ALL NON RMT IND \$	ALL NON RMT FAM \$	RMT TOWN COST IND \$	NON RMT TOWN COST FAM \$	IND PROOF	FAM PROOF	70-30 cost yr
FALLON COMMUNITY - DIRECT	HMO	70-30	502.54	1,206.09					10%	\$ 50.25	\$ 120.61	\$ 452.29	\$ 1,085.48	\$ 502.54	\$ 1,206.09		3	1	30%	\$ 150.76	\$ 361.83	\$ 351.78	\$ 844.26	\$ 502.54	\$ 1,206.09	\$ 22,795.16	
FALLON COMMUNITY - SELECT	HMO	70-30	640.00	1,536.00					10%	\$ 64.00	\$ 153.60	\$ 576.00	\$ 1,382.40	\$ 640.00	\$ 1,536.00		1	5	30%	\$ 192.00	\$ 460.80	\$ 448.00	\$ 1,075.20	\$ 640.00	\$ 1,536.00	\$ 69,888.00	
HARVARD PILGRIM - INDEPENDENCE	PPO	70-30	713.56	1,741.17	5				10%	\$ 71.36	\$ 174.12	\$ 642.20	\$ 1,567.05	\$ 713.56	\$ 1,741.17	\$ 38,532.24	43	59	30%	\$ 214.07	\$ 522.35	\$ 499.49	\$ 1,218.82	\$ 713.56	\$ 1,741.17	\$ 1,120,661.72	
HARVARD PILGRIM - PRIMARY CHOICE	HMO	70-30	570.85	1,392.93					10%	\$ 57.09	\$ 139.29	\$ 513.77	\$ 1,253.64	\$ 570.85	\$ 1,392.93		13	22	30%	\$ 171.26	\$ 417.88	\$ 399.60	\$ 975.05	\$ 570.85	\$ 1,392.93	\$ 319,750.28	
HEALTH NEW ENGLAND	HMO	70-30	501.16	1,242.50					10%	\$ 50.12	\$ 124.25	\$ 451.04	\$ 1,118.25	\$ 501.16	\$ 1,242.50		4	13	30%	\$ 150.35	\$ 372.75	\$ 350.81	\$ 869.75	\$ 501.16	\$ 1,242.50		
NAVIGATOR BY TUFTS	PPO	70-30	644.67	1,557.50	1				10%	\$ 64.47	\$ 155.75	\$ 580.20	\$ 1,401.75	\$ 644.67	\$ 1,557.50	\$ 6,962.44	1	1	30%	\$ 156.11	\$ 376.28	\$ 364.27	\$ 877.98	\$ 520.38	\$ 1,254.25	\$ 4,371.19	
SPIRIT BY TUFTS	HMO	70-30	520.38	1,254.25					10%	\$ 52.04	\$ 125.43	\$ 468.34	\$ 1,126.83	\$ 520.38	\$ 1,254.25		6	1	30%	\$ 145.21	\$ 384.80	\$ 338.82	\$ 897.87	\$ 484.03	\$ 1,282.67	\$ 24,395.11	
NHP CARE	HMO	70-30	484.03	1,282.67					10%	\$ 48.40	\$ 128.27	\$ 435.63	\$ 1,154.40	\$ 484.03	\$ 1,282.67		2	6	50%	\$ 529.25	\$ 1,234.69	\$ 486.84	\$ 1,136.32	\$ 1,016.09	\$ 2,371.00	\$ 11,684.16	
UNICARE STATE INDEMNITY WITH/ CIC INDEM	INDEM	50-50	973.68	2,272.63	3	3	42.41	98.37	10%	\$ 135.37	\$ 315.40	\$ 836.63	\$ 1,953.29	\$ 972.00	\$ 2,268.69	\$ 100,437.08	2	2	50%	\$ 464.80	\$ 1,085.16	\$ 464.80	\$ 1,085.16	\$ 929.59	\$ 2,170.32		
UNICARE STATE INDEMNITY WITHOUT CIC INDEM	INDEM	50-50	929.59	2,170.32					10%	\$ 92.96	\$ 217.03	\$ 836.63	\$ 1,953.29	\$ 929.59	\$ 2,170.32		3	5	30%	\$ 142.49	\$ 341.95	\$ 332.47	\$ 797.88	\$ 474.95	\$ 1,139.83	\$ 59,841.60	
UNICARE - COMMUNITY CHOICE	PPO	70-30	474.95	1,139.83	1				10%	\$ 47.50	\$ 113.98	\$ 427.46	\$ 1,025.85	\$ 474.95	\$ 1,139.83	\$ 5,129.46	2	1	30%	\$ 204.95	\$ 489.12	\$ 478.23	\$ 1,141.28	\$ 683.18	\$ 1,630.40	\$ 25,172.78	
UNICARE - PLUS	PPO	70-30	683.18	1,630.40					10%	\$ 68.32	\$ 163.04	\$ 614.86	\$ 1,467.36	\$ 683.18	\$ 1,630.40	\$ 151,061.22	78	106								\$ 1,850,299.93	
MEDICARE ELIGIBLE RETIREES														GRAND TOTAL						\$ 2,418,302.69 321							

PLAN	PLAN TYPE	TOWN/ EMPLOY %	IND FULL COST PREMIUM	RMT % PAID	CIC COST	RMT EMPLOYEE	RMT TOWN COST	proof	# 90-10 SUBSCRIBR	cost per yr	NON RMT % PAID	RMT \$ PAID	TOWN NON RMT \$ PAID	proof	# 50-50/70-30 SUBSCRIBR	cost per yr
FALLON SENIOR PLAN	MEDICARE HMO	70-30	\$ 302.42	10%		\$ 30.24	\$ 272.18	\$ 302.42	2	\$ 6,532.27	30%	\$ 90.73	\$ 211.69	\$ 302.42	26	\$ 64,052.04
HARVARD PILGRIM MEDICARE ENHANCE	MEDICARE INDEM	50-50	\$ 410.59	10%		\$ 41.06	\$ 369.53	\$ 410.59	11	\$ 48,778.09	50%	\$ 205.30	\$ 205.30	\$ 410.59		\$ -
HEALTH NEW ENGLAND MEDICARE PLUS	MEDICARE HMO	70-30	\$ 377.66	10%		\$ 37.77	\$ 339.89	\$ 377.66			30%	\$ 113.30	\$ 264.36	\$ 377.66	7	\$ 21,305.00
TUFTS MEDICARE COMPLEMENT	MEDICARE HMO	70-30	\$ 362.33	10%		\$ 36.23	\$ 326.10	\$ 362.33			30%	\$ 108.70	\$ 253.63	\$ 362.33	3	\$ 6,985.94
TUFTS MEDICARE PREFERRED	MEDICARE HMO	70-30	\$ 277.22	10%		\$ 27.72	\$ 249.50	\$ 277.22	1	\$ 2,993.98	30%	\$ 83.17	\$ 194.05	\$ 277.22	3	\$ 6,985.94
UNICARE INDEMNITY MEDICARE W/ CIC INDEM	MEDICARE INDEM	50-50	\$ 394.63	10%	\$ 10.82	\$ 49.16	\$ 345.47	\$ 394.63	52	\$ 215,574.53	50%	\$ 202.51	\$ 192.12	\$ 394.63	22	\$ 50,719.68
UNICARE INDEMNITY MEDICARE W/O CIC INDEM	MEDICARE INDEM	50-50	\$ 383.38	10%		\$ 38.34	\$ 345.04	\$ 383.38			50%	\$ 191.69	\$ 191.69	\$ 383.38	58	\$ 143,062.67
										66						
											\$ 273,878.87					

Added 1 family and 3 individual subscribers to cover for new hires next year - all are HPHC Independence plans.

**PREMIUM NOTICE**



BML PAGE 1 of 12

DATE PREPARED: 12/10/14  
 PREPARED FOR:  
 TOWN OF MILLIS - **BASIC**  
 GROUP NUMBER 0018012  
 DIVISION NUMBER 00001

BOSTON MUTUAL LIFE INS. CO. - G  
 PO BOX 55154  
 BOSTON MA 02205-5154  
 800-669-2668 EXT.700

PAYMENT DUE: 01/01/15  
 PERIOD COVERED: 1 MONTH  
 PLEASE PAY TOTAL AMOUNT DUE. DO NOT  
 ADJUST THIS BILL. INSTRUCTIONS FOR  
 PAYING PREMIUMS AND REPORTING CHANGES  
 ARE ON THE REVERSE SIDE OF THIS PAGE.

COVERAGE	LIVES	VOLUME	PREMIUM	ADJUSTMENTS	TOTAL PREMIUM
LIFE INSURANCE	174	1,740,000	1,096.20	6.30	1,102.50
ACCIDENTAL DEATH & DISMEMBERMENT	174	1,740,000	69.60	.40	70.00
			PREMIUM DUE THIS BILL		1,165.80
			ADJUSTMENTS		6.70
			**TOTAL AMOUNT DUE**		1,172.50

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# PREMIUM NOTICE



DATE PREPARED: 12/10/14  
PREPARED FOR:  
TOWN OF MILLIS - BASIC RETIREES  
GROUP NUMBER 0016012  
DIVISION NUMBER 00002

BOSTON MUTUAL LIFE INS. CO. - G  
PO BOX 55154  
BOSTON MA 02205-5154  
800-669-2668 EXT.700

PAYMENT DUE: 01/01/15  
PERIOD COVERED: 1 MONTH  
PLEASE PAY TOTAL AMOUNT DUE. DO NOT  
ADJUST THIS BILL. INSTRUCTIONS FOR  
PAYING PREMIUMS AND REPORTING CHANGES  
ARE ON THE REVERSE SIDE OF THIS PAGE.

COVERAGE	LIVES	VOLUME	PREMIUM	ADJUSTMENTS	TOTAL PREMIUM
LIFE INSURANCE	45	225,000	141.75	.00	141.75
ACCIDENTAL DEATH & DISMEMBERMENT	45	225,000	9.00	.00	9.00
			PREMIUM DUE THIS BILL		150.75
			**TOTAL AMOUNT DUE**		150.75

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# Norfolk County Retirement System

December 29, 2014

To: Board of Selectmen  
Town of Millis

From: Norfolk County Retirement System

Subj: Town of Millis  
→ Fiscal Year 2016 Appropriation

Joseph A. Connolly  
Chairman / Treasurer

Josephine E. Shea  
Elected Member

Karen F. Jelloe  
Appointed Member

Paul J. Connors  
Appointed Member

Edwin S. Little  
Elected Member

Kathleen Kiely-Becchetti, Esq.

The Norfolk County Retirement System has received several inquiries relative to the member unit appropriation amounts for Fiscal Year 2016. We have received the appropriation figures. The units have two payment options,

- 1) Paying the appropriation in two equal payments, one due on July 1, 2015 and the second due on January 1, 2016,
- 2) Paying the appropriation in a single payment on July 1, 2015 at a reduced rate, approximately 2% less than option 1.

The amounts of each are set forth below. Please note that your Fiscal Year 2016 appropriation includes prior Early Retirement Incentives (ERIs), where applicable.

Option 1: \$1,382,271.00 payable in two equal payments of \$691,135.50, the first on July 1, 2015 and the second on January 1, 2016.

→ Option 2: \$ 1,355,413.00 due in full on July 1, 2015.

The actual appropriation bills will be sent out 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.