

PLAN COMPARISON

2016 MEDICAL AND DENTAL RATES

HRNAVIGATOR

	WEEKLY	SEMI-MONTHLY	PERCENTAGE CHANGE FROM 2015
MEDICAL			
HDHP	Employee	Employee	Employee
Individual	\$30.92	\$67.00	1.9%
Family	\$82.43	\$178.60	2.18%
ENHANCED PLAN	Employee	Employee	Employee
Individual	\$51.44	\$111.46	4.9%
Family	\$136.67	\$296.12	4.9%
CORE PLAN	Employee	Employee	Employee
Individual	\$43.26	\$94.50	3.96%
Family	\$115.20	\$249.60	3.87%
PPO*	Employee	Employee	Employee
Individual	\$52.15	\$113.00	-2.5%
Family	\$138.74	\$300.60	-2.5%
DENTAL			
VALUE PLUS PLAN	Employee	Employee	Employee
Individual	\$2.66	\$5.77	4.5%
Family	\$8.27	\$17.92	4.5%
VALUE PLAN	Employee	Employee	Employee
Individual	\$1.85	\$4.02	4.5%
Family	\$5.76	\$12.49	4.5%

*PPO plan is available for employees permanently residing outside of the New England area