

04/13/2018 15:17 dmcandrews

TOWN OF WEYMOUTH NEXT YEAR / CURRENT YEAR BUDGET ANALYSIS

bgnyrpts

PROJECTION: 20191 FY19 GENERAL FUND

FOR PERIOD 99

ACCOUNTS FOR:	2017	2018	2018	2018	2018	2019	PCT
GENERAL FUND	ACTUAL	ORIG BUD	REVISED BUD	ACTUAL	PROJECTION	MAYOR	CHANGE
0940 Workers Comp & Health Ins	r						
194 PENSIONS BENEFITS & INSUR 11945840 517202 HEALTH INS 11945840 596500 TR/WCOM/TR	ANCE 21,165,390.30 1,050,000.00	22,066,073.00	21,716,073.00 1,050,000.00	17,514,960.74 1,050,000.00	22,066,073.00	21,542,425.00 775,000.00	-2.4% 10.7%
TOTAL PENSIONS BENEFITS & IN TOTAL Workers Comp & Health	22,215,390.30 22,215,390.30	22,766,073.00 22,766,073.00	22,766,073.00 22,766,073.00	18,564,960.74 18,564,960.74	22,766,073.00 22,766,073.00	22,317,425.00 22,317,425.00	-2.0% -2.0%
0941 Medicare & Social Securit	у Тах						
194 PENSIONS BENEFITS & INSUR 11945941 517205 SS TAX 11945941 517212 INSURANCE 11945941 517214 MED REFUND	7,606.33 1,213,697.33 -1,878.49	20,000.00 1,150,000.00 .00	20,000.00 1,150,000.00 .00	5,367.86 1,007,348.58	20,000.00 1,150,000.00	20,000.00 1,150,000.00	. 0% . 0% . 0%
TOTAL PENSIONS BENEFITS & IN TOTAL Medicare & Social Secu	1,219,425.17 1,219,425.17	1,170,000.00 1,170,000.00	1,170,000.00 1,170,000.00	1,012,716.44 1,012,716.44	1,170,000.00 1,170,000.00	1,170,000.00 1,170,000.00	. 0 % . 0 %
0942 Unemployment & Life Insur	rance						
194 PENSIONS BENEFITS & INSUR 11945742 517206 UNEMPLOYME 11945942 517203 LIFE INS	ZANCE 207,647.46 55,585.83	300,000.00	300,000.00 70,000.00	230,214.23 43,061.04	308,988.36 90,000.00	300,000.00	.0% .0%
TOTAL PENSIONS BENEFITS & IN TOTAL Unemployment & Life In	263,233.29 263,233.29	370,000.00 370,000.00	370,000.00 370,000.00	273,275.27 273,275.27	398,988.36 398,988.36	370,000.00 370,000.00	.0% .0%
0955 Contributory Retirement	<del></del> >						
194 PENSIONS BENEFITS & INSUR 11945555 517101 CONT/RETIR	RANCE 9,878,579.00	10,541,189.00	10,541,189.00	10,541,189.00	9,893,437.00	10,965,607.00	4.0%
TOTAL PENSIONS BENEFITS & IN TOTAL Contributory Retiremen TOTAL GENERAL FUND	9,878,579.00 9,878,579.00 33,576,627.76	10,541,189.00 10,541,189.00 34,847,262.00	10,541,189.00 10,541,189.00 34,847,262.00	10,541,189.00 10,541,189.00 30,392,141.45	9,893,437.00 9,893,437.00 34,228,498.36	10,965,607.00 10,965,607.00 34,823,032.00	4.0% 4.0% 1%
TOTAL REVENUE TOTAL EXPENSE	.00 33,576,627.76	.00 34,847,262.00	.00 34,847,262.00	.00 30,392,141.45	.00 34,228,498.36	.00 34,823,032.00	.0% 1%
GRAND TOTAL	33,576,627.76	34,847,262.00	34,847,262.00	30,392,141.45	34,228,498.36	34,823,032.00	1%
	** END (	OF REPORT - Gene	erated by Debra	McAndrews **			

Town of Weymouth GIC Rate Sheet		Individual Coverage					Family Coverage									
Rates eff. 7/1/2019 PLAN NUMBERS FROM 4/2018	Monthly Premium %		otal Plan nium Cost		lonthly remium Cost	Number of Participant s in Plan		Town's per bscriber Cost	Town's Total Monthly Plan Cost	1	otal Plan Premium Cost	Monthly premium Cost	Number of Participants in Plan			own's Total Ionthly Plan Cost
Health Plan	1			T			Г			Г						
Fallon Community Health Plan Direct Care	17.75%	\$	566.29	\$	100.52	8	\$	465.78	\$ 3,726.24	\$	1,422.99	\$ 252.59	9	\$	1,170.41	\$ 10,533.69
Fallon Community Health Plan Select Care	17.75%	\$	765.62	\$	135.90	2	\$	629.73	\$ 1,259.46	\$	1,855.55	\$ 329.37	11	\$	1,526.19	\$ 16,788.09
Harvard Pilgrim Independence Plan	17.75%	\$	826.68	\$	146.74	165	\$	679.95	\$ 112,191.75	\$	2,009.40	\$ 356.67	278	\$	1,652.74	\$ 459,461.72
Harvard Pilgrim Primary Choice	17.75%	\$	603.23	\$	107.08	11	\$	496.16	\$ 5,457.76	\$	1,529.10	\$ 271.42	5	\$	1,257.69	\$ 6,288.45
Health New England	17.75%	\$	550.97	\$	97.80	0	\$	453.18	\$ -	\$	1,306.54	\$ 231.92	0	\$	1,074.63	\$ 
Tufts Health Plan Navigator	17.75%	\$	743.45	\$	131.97	30	\$	611.49	\$ 18,344.70	\$	1,811.87	\$ 321.61	60	\$	1,490.27	\$ 89,416.20
Tufts Health Plan Spirit	17.75%	\$	564.24	\$	100.16	8	\$	464.09	\$ 3,712.72	\$	1,355.43	\$ 240.59	4	\$	1,114.85	\$ 4,459.40
NHP Prime (Neighborhood Health Plan)	17.75%	\$	580.43	\$	103.03	21	\$	477.41	\$ 10,025.61	\$	1,496.10	\$ 265.56	23	\$	1,230.55	\$ 28,302.65
UniCare State Indemnity Plan/Basic with CIC (Comprehensive)	20.00%	\$	1,058.39	\$	211.68	98	\$	846.72	\$ 82,978.56	\$	2,343.45	\$ 468.69	64	\$	1,874.76	\$ 119,984.64
UniCare State Indemnity Plan/Basic without CIC (Non-Comprehensive)	20.00%	\$	1,009.67	\$	201.94	0	\$	807.74	\$ -	\$	2,232.53	\$ 446.51	0	\$	1,786.03	\$
UniCare State Indemnity Plan/ Community Choice	17.75%	\$	502.16	\$	89.14	64	\$	413.03	\$ 26,433.92	\$	1,236.52	\$ 219.49	95	\$	1,017.04	\$ 96,618.80
UniCare State Indemnity Plan/PLUS	17.75%	\$	696.09	\$	123.56	<sup>-</sup> 76	\$	572.54	\$ 43,513.04	\$	1,654.54	\$ 293.69	206	\$	1,360.86	\$ 280,337.16
						483			\$ 307,643,76				755			\$ 1.112.190.80

FY19:

Teachers Who Retired Before November 24, 2008, Retirees and Survivors	Monthly Premium %		otai Plan mium Cost	pr	onthly emium Cost	Number of Participant s in Plan	wn's per criber Cost	 own's Total onthly Plan Cost
		P	er Person					
Health Plan								
Fallon Senior Plan* (NO LONGER AVAILABLE)	12.50%	\$		\$		0	\$	\$ -
Harvard Pilgrim Medicare Enhance	12.50%	\$	382.59	\$	47.83	537	\$ 334.77	\$ 179,771.49
Health New England MedPlus	12.50%	\$	386.82	\$	48.36	2	\$ 338.47	\$ 676.94
Tufts Health Plan Medicare Complement	12.50%	\$	361.73	\$	45.22	5	\$ 316.52	\$ 1,582.60
Tufts Health Plan Medicare Preferred*	12.50%	\$	332.01	\$	41.51	6	\$ 290.51	\$ 1,743.06
UniCare State Indemnity Plan/Medicare Extension (OME) with CIC (Comprehensive)	12.50%	\$	379.67	\$	47.46	576	\$ 332.22	\$ 191,358.72
UniCare State Indemnity Plan/Medicare Extension (OME) without CIC (Non- Comprehensive)	12.50%	\$	368.59	\$	46.08	0	\$ 322.52	\$ -

1126 \$ 375,132.81

Estimated numbers for FY19 as of 4/1/2018

Monthly	\$ 1,794,967.37
Annual	\$ 21,539,608.44

Plans	1/21
Active	989
Retirees	1269
Survivors	109
Total	2367

FY18:	Monthly	\$ 1,808,007.77
	Annual	\$ 21,696,093.24

Plans	
Active	981
Retirees	1251
Survivors	120
Total	2352

# GIC Health Plan Rates MONTHLY RATES AS OF JULY 1, 2018 FOR THE TOWN OF WEYMOUTH ENROLLEES

**INCLUDING THE 0.35% ADMINISTRATIVE FEE** 

## Active Employees, Retirees and Survivors without Medicare

	Teacher	Teacher	Teacher	Employee	Employee	Employee
	Who	Who	Who	and Non-	and Non-	and Non-
	Retired	Retired	Retired	Medicare	Medicare	Medicare
	Before	Before	Before	Retiree/	Retiree/	Retiree/
	November	November	November	Survivor	Survivor	Survivor
	24, 2008	24, 2008	24, 2008	Pays	Pays	Pays
	Pays	Pays	Pays	Monthly %	Monthly \$	Monthly \$
	Monthly %	Monthly \$	Monthly \$			
Health Plan		Individual	Family		Individual	Family
		Coverage	Coverage		Coverage	Coverage
Fallon Health Direct Care	17.75%	100.52	252.59	17.75%	100.52	252.59
Fallon Health Select Care	17.75%	135.90	329.37	17.75%	135.90	329.37
Harvard Pilgrim Independence Plan	17.75%	146.74	356.67	17.75%	146.74	356.67
Harvard Pilgrim Primary Choice Plan	17.75%	107.08	271.42	17.75%	107.08	271.42
Health New England	17.75%	97.80	231.92	17.75%	97.80	231.92
NHP Prime (Neighborhood Health Plan)	17.75%	103.03	265.56	17.75%	103.03	265.56
Tufts Health Plan Navigator	17.75%	131.97	321.61	17.75%	131.97	321.61
Tufts Health Plan Spirit	17.75%	100.16	240.59	17.75%	100.16	240.59
UniCare State Indemnity Plan/Basic	20%	211.68	468.69	20%	211.68	468.69
with CIC (Comprehensive)						
UniCare State Indemnity Plan/Basic	20%	201.94	446.51	20%	201.94	446.51
without CIC (Non-Comprehensive)						
UniCare State Indemnity	17.75%	89.14	219.49	17.75%	89.14	219.49
Plan/Community Choice						
UniCare State Indemnity Plan/PLUS	17.75%	123.56	293.69	17.75%	123.56	293.69

### **Retirees and Survivors with Medicare**

redices and burylons with incurate						
		Retired Before		Survivor Pays		
		4, 2008 Pays	Monthly F	er Person		
	Monthly	Per Person				
Health Plan	%	\$	%	\$		
Harvard Pilgrim Medicare Enhance	12.5%	47.83	12.5%	47.83		
Health New England MedPlus	12.5%	48.36	12.5%	48.36		
Tufts Health Plan Medicare Complement	12.5%	45.22	12.5%	45.22		
Tufts Health Plan Medicare Preferred**	12.5%	41.51	12.5%	41.51		
UniCare State Indemnity Plan/Medicare Extension	12.5%	47.46	12.5%	47.46		
(OME) with CIC (Comprehensive)						
UniCare State Indemnity Plan/Medicare Extension	12.5%	46.08	12.5%	46.08		
(OME) without CIC (Non-Comprehensive)						

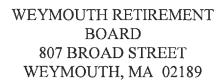
**Retirees and Survivors Dental Coverage** 

Dental Plan	Individual	Family
Basic Low Plan	\$42.33	\$88.89
Enhanced High Plan	\$47.86	\$100.51

Rates are calculated by the Town of Weymouth Benefits Office.

RATE QUESTIONS? CALL:
Town of Weymouth Retirees – Weymouth Retirement Board 781-331-8721
MTRS – Human Resources 781-340-5010

## Town of Weymouth, Massachusetts





TEL (781)-331-8721 FAX (781)-331-3005

#### MEMORANDUM

TO:

Brian Connolly, CFO

Patrice Cook, Town Accountant

Robert Conlon, Treasurer

Jennifer Curtis-Whipple, Superintendent of Schools

Leia DiLorenzo-Secor, Financial Supervisor

Michael Flaherty, Director, Weymouth Housing Authority

Laura Ficociello, Bookkeeper

Sean Cleaves, Director, Weymouth-Braintree Reg. Recreation Conservation Dist.

FR:

Jo-Ann Anti, Director

RE:

Fiscal Year 2019 Appropriation

DATE:

December 1, 2017

Attached please find appropriation amounts for Fiscal 2019. The amounts requested from each of the four units total the appropriation for FY 2019 in the amount of \$11,269,390.00.

The appropriation is apportioned utilizing the September 30, 2017 employee head counts and the payroll figures that were gathered from your individual units.

Appropriations are payable on July 1, 2018 and the breakdown is as follows:

Town of Weymouth	66.81 % of total	\$7,606,357.00
Weymouth Schools	30.57 % of total	\$3,359,250.00
Weymouth Housing Auth	2.34 % of total	\$ 273,015.00
Wey-Bra. Rec.	.28 % of total	\$ 30,768.00

Please contact this office if you have any question. Thank you.