GIC Health Plan Rates

FOR THE CITY OF SPRINGFIELD ENROLLEES

Monthly Rates *as of July 1, 2008*

Active Employees, Survivors, and Retirees *WITHOUT MEDICARE*

Includes 0.75% Administrative Fee

HEALTH PLAN	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
Fallon Community Health Plan Direct Care	25%	$ 99.37	$238.48
Fallon Community Health Plan Select Care	25%	117.92	238.01
Harvard Pilgrim Independence Plan	25%	128.38	310.63
Health New England	25%	106.76	264.68
Navigator by Tufts Health Plan	25%	121.56	293.38
NHP Care *(Neighborhood Health Plan)*	25%	105.44	279.40
UniCare State Indemnity Plan/Basic *with* CIC *(Comprehensive)*	25%	188.31	439.64
UniCare State Indemnity Plan/Basic *without* CIC *(Non-Comprehensive)*	25%	179.63	419.50
UniCare State Indemnity Plan/ Community Choice	25%	102.73	246.56
UniCare State Indemnity Plan/PLUS	25%	130.45	311.31

Retirees and Survivors *WITH MEDICARE*

HEALTH PLAN	Retiree and Survivor with pension of $30,000 or less as of *June 30, 2006*		Retire and Survivor with pension of $30,001 or more as of *June 30, 2006*	
	Retiree/Survivor Pays Per Person Monthly		Retiree/Survivor Pays Per Person Monthly	
	%	$	%	$
Fallon Senior Plan*	13%	$ 25.98	25%	$ 49.96
Harvard Pilgrim Medicare Enhance	13%	46.27	25%	88.99
Health New England MedPlus	13%	46.46	25%	89.35
Tufts Health Plan Medicare Complement	13%	42.27	25%	81.30
Tufts Health Plan Medicare Preferred*	13%	21.87	25%	42.06
UniCare State Indemnity Plan/Medicare Extension (OME) *with* CIC *(Comprehensive)*	13%	46.18	25%	88.81
UniCare State Indemnity Plan/Medicare Extension (OME) *without* CIC *(Non-Comprehensive)*	13%	44.80	25%	86.16

** Rates are subject to federal approval and may change January 1, 2009.*

Rates are Calculated by the City of Springfield Benefits Office.

***Rate questions?* Call: 1.413.787.6055**