

# Health Insurance Plan Rates (Non-Medicare)



## Calculate Your Monthly Combined Life and Health Insurance Premium as of July 1, 2022

1. Find the city, town or the school district from which you retired on the life insurance rate chart on page 14.
2. Locate your "RMT Pays Monthly" rate for life insurance.
3. Add that amount to the "RMT Pays Monthly" rate below for the health plan you are interested in.

		Retired Municipal Teachers (RMTs)			
		RMTs who retired on or before July 1, 1990 and SURVIVORS <sup>1</sup>		RMTs who retired after July 1, 1990	
		10%		15%	
		RETIREE/SURVIVOR PAYS MONTHLY		RETIREE PAYS MONTHLY	
HEALTH INSURANCE PLANS	PLAN NETWORK	INDIVIDUAL COVERAGE	FAMILY COVERAGE	INDIVIDUAL COVERAGE	FAMILY COVERAGE
UniCare State Indemnity Plan/Basic <i>with CIC</i> <sup>2</sup> ( <i>Comprehensive</i> )	National Network	\$165.37	\$370.32	\$224.19	\$500.83
UniCare State Indemnity Plan/Basic <i>without CIC</i>		\$106.88	\$237.14	\$165.70	\$367.65
UniCare State Indemnity Plan/PLUS	Broad Network	\$80.90	\$193.30	\$121.34	\$289.94
Tufts Health Plan Navigator		\$88.85	\$217.66	\$133.27	\$326.49
Harvard Pilgrim Independence Plan		\$103.29	\$252.71	\$154.94	\$379.06
Health New England	Regional Network	\$66.77	\$159.73	\$100.16	\$239.60
AllWays Health Partners Complete HMO		\$84.19	\$220.50	\$126.29	\$330.75
UniCare State Indemnity Plan/Community Choice	Limited Network	\$62.20	\$154.88	\$93.29	\$232.31
Tufts Health Plan Spirit		\$67.37	\$162.97	\$101.06	\$244.45
Harvard Pilgrim Primary Choice Plan		\$74.45	\$190.39	\$111.67	\$285.58

<sup>1</sup> Survivors are not eligible for life insurance.

<sup>2</sup> CIC is an enrollee-pay-all benefit.

Elderly Governmental Retirees (EGRs) – Call the GIC for rates at: 1.617.727.2310, TDD/TTY 711

# Health Insurance Plan Rates (Medicare)



## Calculate Your Monthly Combined Life and Health Insurance Premium as of July 1, 2022

1. Find the city, town or the school district from which you retired on the life insurance rate chart on page 14.
2. Locate your “RMT Pays Monthly” rate for life insurance.
3. Add that amount to the “RMT Pays Monthly” rate below for the health plan you are interested in.

			Retired Municipal Teachers (RMTs)	
			RMTs who retired before July 1, 1990 and SURVIVORS <sup>1</sup>	RMTs who retired after July 1, 1990
			10%	15%
			RMT/SURVIVOR PAYS MONTHLY	RMT PAYS MONTHLY
HEALTH INSURANCE PLANS	PLAN CATEGORY	PLAN TYPE	PER PERSON	PER PERSON
Tufts Health Plan Medicare Preferred	Medicare Advantage	HMO	\$34.44	\$51.66
Tufts Health Plan Medicare Complement	Medicare Supplement	Indemnity	\$40.48	\$60.72
Harvard Pilgrim Medicare Enhance			\$42.27	\$63.41
Health New England Medicare Supplement Plus			\$42.90	\$64.35
UniCare State Indemnity Plan/ Medicare Extension (OME) with CIC <sup>2</sup> (Comprehensive)			\$47.63	\$67.67
UniCare State Indemnity Plan/ Medicare Extension (OME) without CIC (Non-Comprehensive)			\$36.41	\$56.45

<sup>1</sup> Survivors are not eligible for life insurance.

<sup>2</sup> CIC is an enrollee-pay-all benefit.

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