Health Insurance Plan Rates (Non-Medicare)



		Monthly GIC Health Plan Rates Effective July 1, 2022					
		NON-MEDICARE RETIREES Retired on or before July 1, 1994 and SURVIVORS ¹		NON-MEDICARE RETIREES Retired after July 1, 1994 and who filed for retire- ment on or before October 1, 2009		NON-MEDICARE RETIREES who filed for retirement after October 1, 2009	
		10%		15%		20%	
		RETIREE/SURVIVOR PAYS MONTHLY		RETIREE PAYS MONTHLY		RETIREE PAYS MONTHLY	
BASIC LIFE INSURANCE ONLY - \$5,000 Coverage		\$0.64		\$0.95		\$1.27	
HEALTH INSURANCE PLANS (Premium includes Basic Life Insurance)	PLAN NETWORK	INDIVIDUAL COVERAGE	FAMILY COVERAGE	INDIVIDUAL COVERAGE	FAMILY COVERAGE	INDIVIDUAL COVERAGE	FAMILY COVERAGE
UniCare State Indemnity Plan/Basic with CIC ² (Comprehensive)	National Network	\$177.27	\$395.96	\$236.40	\$526.78	\$295.54	\$657.60
UniCare State Indemnity Plan/Basic without CIC		\$118.28	\$261.65	\$177.41	\$392.47	\$236.55	\$523.29
UniCare State Indemnity Plan/PLUS	Broad Network	\$81.54	\$193.94	\$122.29	\$290.89	\$163.06	\$387.86
Tufts Health Plan Navigator		\$89.49	\$218.30	\$134.22	\$327.44	\$178.97	\$436.59
Harvard Pilgrim Independence Plan		\$103.93	\$253.35	\$155.89	\$380.01	\$207.86	\$506.68
Health New England	Regional Network	\$67.41	\$160.37	\$101.11	\$240.55	\$134.81	\$320.74
AllWays Health Partners Complete HMO		\$84.83	\$221.14	\$127.24	\$331.70	\$169.66	\$442.27
UniCare State Indemnity Plan/Community Choice	Limited Network	\$62.84	\$155.52	\$94.24	\$233.26	\$125.66	\$311.02
Tufts Health Plan Spirit		\$68.01	\$163.61	\$102.01	\$245.40	\$136.01	\$327.20
Harvard Pilgrim Primary Choice		\$75.09	\$191.03	\$112.62	\$286.53	\$150.17	\$382.04

¹ Survivors are not eligible for life insurance. For monthly health insurance premium cost, deduct \$.64 from monthly "Retiree/Survivor Pays Monthly" premium.

² CIC is an enrollee-pay-all benefit.

Health Insurance Plan Rates (Medicare)



	Monthly GIC Health Plan Rates Effective July 1, 2022				
			MEDICARE RETIREES Retired on or before July 1, 1994 and SURVIVORS ¹	MEDICARE RETIREES Retired after July 1, 1994 and who filed for retirement on or before October 1, 2009	MEDICARE RETIREES who filed for retirement after October 1, 2009
		10%	15%	20%	
		RETIREE/ SURVIVOR PAYS MONTHLY	RETIREE PAYS MONTHLY	RETIREE PAYS MONTHLY	
BASIC LIFE INSURANCE ONLY -	\$5,000 Covera	\$0.64	\$0.95	\$1.27	
HEALTH INSURANCE PLANS (Premium includes Basic Life Insurance)	PLAN NETWORK	PLAN TYPE	PER PERSON	PER PERSON	PER PERSON
Tufts Health Plan Medicare Preferred	Medicare Advantage	нмо	\$35.08	\$52.61	\$70.15
Tufts Health Plan Medicare Complement		Indemnity	\$41.12	\$61.67	\$82.23
Harvard Pilgrim Medicare Enhance			\$42.91	\$64.36	\$85.81
Health New England Medicare Supplement Plus	Medicare		\$43.54	\$65.30	\$87.07
UniCare State Indemnity Plan/ Medicare Extension (OME) with CIC ² (Comprehensive)	Supplement		\$52.04	\$72.39	\$92.75
UniCare State Indemnity Plan/ Medicare Extension (OME) without CIC (Non-Comprehensive)			\$40.72	\$61.07	\$81.43

¹ Survivors are not eligible for life insurance. For monthly health insurance premium cost, deduct \$.64 from monthly "Retiree/Survivor Pays Monthly" premium.

² CIC is an enrollee-pay-all benefit.