

State Employee Health Insurance Rates



		Monthly GIC Product Rates Effective July 1, 2019			
		FOR EMPLOYEES HIRED BEFORE JULY 1, 2003		FOR EMPLOYEES HIRED ON OR AFTER JULY 1, 2003	
		20%		25%	
		EMPLOYEE PAYS MONTHLY		EMPLOYEE PAYS MONTHLY	
BASIC LIFE INSURANCE ONLY – \$5,000 Coverage		\$1.30		\$1.63	
HEALTH INSURANCE PRODUCTS (Premium includes Basic Life Insurance)	PRODUCT CATEGORY	INDIVIDUAL	FAMILY	INDIVIDUAL	FAMILY
UniCare State Indemnity Plan/ Basic <i>with CIC*</i> (Comprehensive)	National Network	\$258.87	\$574.53	\$310.74	\$688.92
UniCare State Indemnity Plan/ Basic <i>without CIC</i>		\$207.49	\$457.54	\$259.36	\$571.93
UniCare State Indemnity Plan/ PLUS	Broad Network	\$140.03	\$331.07	\$175.05	\$413.84
Tufts Health Plan Navigator		\$150.33	\$364.44	\$187.92	\$455.56
Fallon Health Select Care		\$163.09	\$394.30	\$203.87	\$492.88
Harvard Pilgrim Independence Plan		\$178.61	\$434.08	\$223.27	\$542.61
Health New England	Regional Network	\$115.06	\$271.66	\$143.84	\$339.58
AllWays Health Partners Complete HMO		\$130.23	\$335.67	\$162.80	\$419.59
UniCare State Indemnity Plan/ Community Choice	Limited Network	\$104.44	\$255.80	\$130.56	\$319.76
Tufts Health Plan Spirit		\$114.09	\$272.14	\$142.62	\$340.18
Fallon Health Direct Care		\$121.02	\$303.09	\$151.28	\$378.87
Harvard Pilgrim Primary Choice Plan		\$130.01	\$329.45	\$162.52	\$411.82

* CIC is an enrollee-pay-all benefit.

State Employee Benefits Rates



Optional Life Insurance Rates

(Including Accidental Death & Dismemberment)

ACTIVE EMPLOYEE AGE	MONTHLY GIC PLAN RATES – Per \$1,000 of Coverage Effective July 1, 2019	
	SMOKER RATE	NON-SMOKER RATE
Under Age 35	\$0.10	\$0.04
35 – 44	\$0.12	\$0.05
45 – 49	\$0.20	\$0.07
50 – 54	\$0.33	\$0.14
55 – 59	\$0.53	\$0.21
60 – 64	\$0.79	\$0.31
65 – 69	\$1.45	\$0.70
70 and over	\$2.57	\$1.16

Long Term Disability

MONTHLY GIC PLAN RATES Effective July 1, 2019	
ACTIVE EMPLOYEE AGE	EMPLOYEE PREMIUM Per \$100 of Monthly Earnings
Under Age 24	\$0.08
25 – 29	\$0.10
30 – 34	\$0.14
35 – 39	\$0.17
40 – 44	\$0.35
45 – 49	\$0.47
50 – 54	\$0.57
55 – 59	\$0.70
60 – 64	\$0.67
65 – 69	\$0.38
70 and over	\$0.22

GIC Dental / Vision Rates

For Managers, Legislators, Legislative Staff and Certain Executive Office Staff

PLAN	MONTHLY GIC DENTAL / VISION RATES Effective July 1, 2019	
	INDIVIDUAL COVERAGE	FAMILY COVERAGE
PPO (Value) Plan	\$4.72	\$14.65
Indemnity (Classic) Plan	\$6.33	\$19.66

Only available to active state employees who meet certain criteria as outlined in the GIC Benefit Decision Guide.

See Over for State RETIREE/SURVIVOR Rates

Medicare Health Insurance Rates



Monthly GIC Product Rates Effective July 1, 2019				
		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 Coverage		\$0.65	\$0.98	\$1.30
HEALTH INSURANCE PRODUCTS (Premium includes Basic Life Insurance)	PRODUCT CATEGORY	PER PERSON	PER PERSON	PER PERSON
Tufts Health Plan Medicare Preferred	Medicare Advantage	\$32.78	\$49.18	\$65.56
Tufts Health Plan Medicare Complement	Medicare Supplement	\$37.67	\$56.51	\$75.34
Harvard Pilgrim Medicare Enhance		\$39.63	\$59.44	\$79.25
Health New England Medicare Supplement Plus		\$39.69	\$59.55	\$79.39
UniCare State Indemnity Plan/Medicare Extension (OME) with CIC ² (Comprehensive)		\$48.73	\$67.81	\$86.88
UniCare State Indemnity Plan/Medicare Extension (OME) without CIC (Non-Comprehensive)		\$38.15	\$57.23	\$76.30

1 Survivors are not eligible for life insurance. For monthly health insurance premium cost, deduct \$0.65 from monthly “Retiree/Survivor Pays Monthly” premium.

2 CIC is an enrollee-pay-all benefit.

State Retiree Benefits – MEDICARE & NON-MEDICARE

State Retiree Optional Life Insurance

RETIRED STATE EMPLOYEE AGE	RETIREE SMOKER RATE Per \$1,000 of Coverage	RETIREE NON-SMOKER RATE Per \$1,000 of Coverage
Under Age 70	\$1.64	\$1.29
70-74	\$2.87	\$2.24
75-79	\$7.82	\$5.97
80-84	\$14.82	\$11.30
85-89	\$23.46	\$17.91
90-94	\$33.64	\$27.23
95-99	\$73.49	\$59.46
100 and over	\$140.90	\$114.02

GIC Retiree Dental Plan

\$1,250 Maximum Annual Benefit per Member

COVERAGE TYPE	RETIREE PAYS MONTHLY
Single	\$30.21
Family	\$72.77

For GIC Retired Municipal Teacher (RMT) rates, see separate rate sheet.

Non-Medicare Health Insurance Rates



Monthly GIC Product Rates Effective July 1, 2019							
		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 retirement 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		\$0.65		\$0.98		\$1.30	
HEALTH INSURANCE PRODUCTS (Premium includes Basic Life Insurance)	PRODUCT CATEGORY	INDIVIDUAL COVERAGE	FAMILY COVERAGE	INDIVIDUAL COVERAGE	FAMILY COVERAGE	INDIVIDUAL COVERAGE	FAMILY COVERAGE
UniCare State Indemnity Plan/Basic with CIC ² (Comprehensive)	National Network	\$155.12	\$345.76	\$207.00	\$460.15	\$258.87	\$574.53
UniCare State Indemnity Plan/Basic without CIC		\$103.74	\$228.77	\$155.62	\$343.16	\$207.49	\$457.54
UniCare State Indemnity Plan/PLUS	Broad Network	\$70.02	\$165.53	\$105.03	\$248.30	\$140.03	\$331.07
Tufts Health Plan Navigator		\$75.17	\$182.22	\$112.75	\$273.34	\$150.33	\$364.44
Fallon Health Select Care		\$81.55	\$197.15	\$122.32	\$295.73	\$163.09	\$394.30
Harvard Pilgrim Independence Plan		\$89.31	\$217.04	\$133.96	\$325.57	\$178.61	\$434.08
Health New England	Regional Network	\$57.53	\$135.83	\$86.30	\$203.75	\$115.06	\$271.66
AllWays Health Partners Complete HMO		\$65.12	\$167.83	\$97.68	\$251.76	\$130.23	\$335.67
UniCare State Indemnity Plan/Community Choice	Limited Network	\$52.22	\$127.90	\$78.34	\$191.86	\$104.44	\$255.80
Tufts Health Plan Spirit		\$57.04	\$136.07	\$85.57	\$204.11	\$114.09	\$272.14
Fallon Health Direct Care		\$60.51	\$151.55	\$90.77	\$227.32	\$121.02	\$303.09
Harvard Pilgrim Primary Choice		\$65.01	\$164.72	\$97.51	\$247.09	\$130.01	\$329.45

1 Survivors are not eligible for life insurance. For monthly health insurance premium cost, deduct \$0.65 from monthly “Retiree/Survivor Pays Monthly” premium.

2 CIC is an enrollee-pay-all benefit.

See Over for ACTIVE STATE EMPLOYEE Rates