## Calculate Your Monthly Combined Life and Health Insurance Premium as of July 1, 2020

- 1. Find the city, town or the school district from which you retired on the life insurance rate chart on reverse side.
- 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)					
		<b>RMTs</b> who retired on or before July 1, 1990 and <b>SURVIVORS</b> <sup>1</sup>		<b>RMTs</b> who retired after July 1, 1990			
		10%		15%			
		RMT PAYS MONTHLY RMT PAYS MONTHL		MONTHLY			
MEDICARE							
HEALTH INSURANCE PRODUCTS	PLAN TYPE	PER PERSON		PER PERSO	N COVERAGE		
Tufts Health Plan Medicare Preferred	нмо	\$32.40		\$48.60			
Tufts Health Plan Medicare Complement	Indemnity	\$38.25		\$57.38			
Harvard Pilgrim Medicare Enhance	Indemnity	\$40.26		\$60.39			
Health New England Medicare Supplement Plus	Indemnity	\$40.34		\$60.51			
UniCare State Indemnity Plan/Medicare Extension (OME) with CIC <sup>2</sup> (Comprehensive)	Indemnity	\$49.77		\$69.15			
UniCare State Indemnity Plan/Medicare Extension (OME) without CIC (Non-Comprehensive)	Indemnity	\$38.74		\$58.12			
NON-MEDICARE							
HEALTH INSURANCE PRODUCTS	PLAN TYPE	INDIVIDUAL COVERAGE	FAMILY COVERAGE	INDIVIDUAL COVERAGE	FAMILY COVERAGE		
UniCare State Indemnity Plan/Basic with CIC <sup>2</sup> (Comprehensive)	Indemnity	\$166.50	\$372.44	\$221.67	\$494.73		
UniCare State Indemnity Plan/Basic without CIC (Non-Comprehensive)	Indemnity	\$110.36	\$244.59	\$165.53	\$366.88		
UniCare State Indemnity Plan/PLUS	PPO-TYPE	\$72.12	\$171.65	\$108.18	\$257.47		
Tufts Health Plan Navigator	POS	\$79.63	\$194.47	\$119.44	\$291.70		
Fallon Health Select Care	НМО	\$83.33	\$202.60	\$124.99	\$303.89		
Harvard Pilgrim Independence Plan	POS	\$91.40	\$223.14	\$137.10	\$334.71		
Health New England	НМО	\$59.22	\$140.99	\$88.83	\$211.48		
AllWays Health Partners Complete HMO	НМО	\$68.55	\$178.32	\$102.82	\$267.48		
UniCare State Indemnity Plan/Community Choice	PPO-TYPE	\$55.06	\$136.33	\$82.60	\$204.49		
Tufts Health Plan Spirit	EPO (HMO-TYPE)	\$60.46	\$145.65	\$90.68	\$218.47		
Fallon Health Direct Care	НМО	\$61.64	\$155.60	\$92.46	\$233.40		
Harvard Pilgrim Primary Choice Plan	НМО	\$66.31	\$169.11	\$99.47	\$253.67		

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

 $^{\rm 2}$  CIC is an enrollee-pay-all benefit.

## Monthly GIC Plan Rates Effective July 1, 2020

BASIC LIFE INSURANCE	CITY/TOWN/SCHOO	L DISTRICT (SD)	RMT PAYS MONTHLY
Basic Life: \$1,000 Coverage			\$0.80
Blackstone Valley Regional SD Bridgewater Granby Narragansett Regional SD	Newbury Paxton Pioneer Valley Regional SD	Plainville Salisbury Wilbraham	
Basic Life: \$2,000 Coverage			\$0.80
Barnstable Dennis Martha's Vineyard Regional SD Milton	Quabbin Regional SD Rehoboth Rockland Shawsheen Valley Regional SD	Stoughton Upper Cape Cod Regional SD West Springfield Whitman-Hanson SD	
Basic Life: \$4,000 Coverage			\$1.60
Rockport			
Basic Life: \$5,000 Coverage			\$2.00
Amesbury Billerica Bourne Dedham Eastham Everett Greater Lawrence Regional SD	Holyoke Hudson Montague North Adams North Attleboro North Middlesex Regional SD Norwell	Revere Rutland Spencer Wareham West Bridgewater Westfield Woburn	
Basic Life: \$10,000 Coverage			\$4.00
Braintree			



Your Benefits Connection