

State Employee Health Insurance Rates



		Monthly GIC Product Rates Effective July 1, 2020			
		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</i> CIC* (<i>Comprehensive</i>)	National Network	\$278.15	\$618.32	\$333.66	\$740.94
UniCare State Indemnity Plan/ Basic <i>without</i> CIC		\$222.01	\$490.47	\$277.52	\$613.09
UniCare State Indemnity Plan/ PLUS	Broad Network	\$145.54	\$344.60	\$181.94	\$430.75
Tufts Health Plan Navigator		\$160.55	\$390.23	\$200.69	\$487.79
Fallon Health Select Care		\$167.95	\$406.49	\$209.95	\$508.12
Harvard Pilgrim Independence Plan		\$184.10	\$447.58	\$230.13	\$559.48
Health New England	Regional Network	\$119.74	\$283.27	\$149.69	\$354.10
AllWays Health Partners Complete HMO		\$138.39	\$357.94	\$173.00	\$447.43
UniCare State Indemnity Plan/ Community Choice	Limited Network	\$111.43	\$273.96	\$139.29	\$342.45
Tufts Health Plan Spirit		\$122.21	\$292.59	\$152.77	\$365.74
Fallon Health Direct Care		\$124.59	\$312.51	\$155.74	\$390.64
Harvard Pilgrim Primary Choice Plan		\$133.92	\$339.52	\$167.41	\$424.41

* 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, 2020	
	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, 2020	
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, 2020	
	INDIVIDUAL COVERAGE	FAMILY COVERAGE
PPO (Value) Plan	\$4.75	\$14.75
Indemnity (Classic) Plan	\$6.44	\$19.97

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, 2020

		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	\$33.05	\$49.58
Tufts Health Plan Medicare Complement	Medicare Supplement	\$38.90	\$58.36	\$77.81
Harvard Pilgrim Medicare Enhance		\$40.91	\$61.37	\$81.83
Health New England Medicare Supplement Plus		\$40.99	\$61.49	\$81.98
UniCare State Indemnity Plan/Medicare Extension (OME) with CIC ² (Comprehensive)		\$50.42	\$70.13	\$89.82
UniCare State Indemnity Plan/Medicare Extension (OME) without CIC (Non-Comprehensive)		\$39.39	\$59.10	\$78.79

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	\$29.82
Family	\$71.82

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

Non-Medicare Health Insurance Rates



Monthly GIC Product Rates Effective July 1, 2020

		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	\$167.15	\$373.09	\$222.65	\$495.71
UniCare State Indemnity Plan/Basic without CIC	National Network	\$111.01	\$245.24	\$166.51	\$367.86	\$222.01	\$490.47
UniCare State Indemnity Plan/PLUS	Broad Network	\$72.77	\$172.30	\$109.16	\$258.45	\$145.54	\$344.60
Tufts Health Plan Navigator		\$80.28	\$195.12	\$120.42	\$292.68	\$160.55	\$390.23
Fallon Health Select Care		\$83.98	\$203.25	\$125.97	\$304.87	\$167.95	\$406.49
Harvard Pilgrim Independence Plan		\$92.05	\$223.79	\$138.08	\$335.69	\$184.10	\$447.58
Health New England		Regional Network	\$59.87	\$141.64	\$89.81	\$212.46	\$119.74
AllWays Health Partners Complete HMO	Regional Network	\$69.20	\$178.97	\$103.80	\$268.46	\$138.39	\$357.94
UniCare State Indemnity Plan/Community Choice	Limited Network	\$55.71	\$136.98	\$83.58	\$205.47	\$111.43	\$273.96
Tufts Health Plan Spirit		\$61.11	\$146.30	\$91.66	\$219.45	\$122.21	\$292.59
Fallon Health Direct Care		\$62.29	\$156.25	\$93.44	\$234.38	\$124.59	\$312.51
Harvard Pilgrim Primary Choice		\$66.96	\$169.76	\$100.45	\$254.65	\$133.92	\$339.52

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