



		MONTHLY GIC PRODUCT RATES EFFECTIVE JULY 1, 2018					
		NON-MEDICARE RETIREES <i>Retired on or before July 1, 1994 and SURVIVORS¹</i>		NON-MEDICARE RETIREES <i>Retired after July 1, 1994 and who filed for retirement on or before October 1, 2009</i>		NON-MEDICARE RETIREES <i>who filed for retirement after October 1, 2009</i>	
		10%		15%		20%	
		<i>Retiree/Survivor Pays Monthly</i>		<i>Retiree Pays Monthly</i>		<i>Retiree Pays Monthly</i>	
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	\$149.82	\$333.66	\$200.45	\$445.23	\$251.08	\$556.79
UniCare State Indemnity Plan/Basic without CIC		\$101.27	\$223.12	\$151.90	\$334.69	\$202.53	\$446.25
UniCare State Indemnity Plan/PLUS	Broad Network	\$70.02	\$165.53	\$105.03	\$248.30	\$140.03	\$331.05
Tufts Health Plan Navigator		\$74.74	\$181.21	\$112.11	\$271.81	\$149.47	\$362.41
Fallon Health Select Care		\$76.95	\$185.56	\$115.42	\$278.34	\$153.89	\$371.12
Harvard Pilgrim Independence Plan		\$83.03	\$200.89	\$124.55	\$301.34	\$166.06	\$401.78
Health New England	Regional Network	\$55.56	\$130.85	\$83.34	\$196.28	\$111.11	\$261.70
NHP Prime (Neighborhood Health Plan)		\$58.49	\$149.74	\$87.74	\$224.61	\$116.98	\$299.48
UniCare State Indemnity Plan/Community Choice	Limited Network	\$50.69	\$123.87	\$76.04	\$185.81	\$101.38	\$247.74
Tufts Health Plan Spirit		\$56.88	\$135.72	\$85.32	\$203.59	\$113.75	\$271.44
Fallon Health Direct Care		\$57.08	\$142.45	\$85.63	\$213.68	\$114.16	\$284.91
Harvard Pilgrim Primary Choice		\$60.76	\$153.03	\$91.15	\$229.55	\$121.53	\$306.05

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 OPTIONAL LIFE INSURANCE

RETIRED STATE EMPLOYEE AGE	RETIREE SMOKER RATE <i>Per \$1,000 of Coverage</i>	RETIREE NON-SMOKER RATE <i>Per \$1,000 of Coverage</i>
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	\$29.91
Family	\$72.05

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