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| **GIC MONTHLY FULL COST RATES** |
| **Effective July 1, 2017** |
| ***For the rate you will pay as a municipal employee or Retiree/Survivor, see separate rate chart from your Municipality or the GIC's website:*** [***www.mass.gov/gic/munirates***](http://www.mass.gov/gic/munirates) |
| **Employee and Non-Medicare Retiree/Survivor Health Plans** |
|  | **Retirees Enrolled in GIC Before July 1, 2009 Pay Monthly****%** | **Retirees Enrolled in GIC Before July 1, 2009 Pay Monthly****$** | **Retirees Enrolled in GIC Before July 1,****2009 Pay****Monthly $** | **Employees****and Non- Medicare Retirees &Survivors Pay Monthly****%** | **Employees and Non-Medicare Retirees &Survivors Pay Monthly $** | **Employees and Non-Medicare Retirees &Survivors Pay Monthly $** |
| **HEALTH PLAN** | **TYPE** |  | **Individual****Coverage** | **Family****Coverage** |  | **Individual****Coverage** | **Family****Coverage** |
| **Fallon Health Direct Care** | **HMO** | **10%** | **$ 55.47** | **$ 133.12** | **15%** | **$ 83.20** | **$ 199.68** |
| **Fallon Health Select Care (CLOSED TO NEW MEMBERS)** | **HMO** | **10%** | **$ 73.71** | **$ 176.89** | **15%** | **$ 110.56** | **$ 265.33** |
| **Harvard Pilgrim Independence Plan (CLOSED TO NEW MEMBERS)** | **POS** | **10%** | **$ 82.42** | **$ 201.11** | **15%** | **$ 123.63** | **$ 301.67** |
| **Harvard Pilgrim Primary Choice Plan** | **HMO** | **10%** | **$ 62.07** | **$ 151.45** | **15%** | **$ 93.11** | **$ 227.18** |
| **Health New England** | **HMO** | **10%** | **$ 54.82** | **$ 135.90** | **15%** | **$ 82.22** | **$ 203.85** |
| **NHP Prime (Neighborhood Health Plan)** | **HMO** | **10%** | **$ 55.40** | **$ 146.82** | **15%** | **$ 83.11** | **$ 220.03** |
| **Tufts Health Plan Navigator****(CLOSED TO NEW MEMBERS)** | **POS** | **10%** | **$ 72.88** | **$ 177.84** | **15%** | **$ 109.33** | **$ 266.76** |
| **Tufts Health Plan Spirit** | **HMO-Type** | **10%** | **$ 55.33** | **$ 133.19** | **15%** | **$ 82.99** | **$ 199.79** |
| **UniCare State Indemnity****Plan/Basic with CIC (Comprehensive)** | **Indemnity** | **10%** | **$ 103.88** | **$ 243.05** | **15%** | **$ 155.82** | **$ 364.58** |
| **UniCare State Indemnity****Plan/Basic without CIC (Non- Comprehensive)** | **Indemnity** | **10%** | **$ 99.18** | **$ 232.15** | **15%** | **$ 148.77** | **$ 348.23** |
| **UniCare State Indemnity Plan/Community Choice** | **PRO-type** | **10%** | **$ 52.06** | **$ 124.95** | **15%** | **$ 78.09** | **$ 187.42** |
| **UniCare State Indemnity****Plan/PLUS** | **PRO-type** | **10%** | **$ 69.32** | **$ 165.61** | **15%** | **$ 103.98** | **$ 248.42** |
| **Retirees and Survivors with Medicare** |
|  | **Retirees/Survivors Enrolled****in GIC Before July 1, 2009 Pay Monthly Per Individual** | **Retirees/Survivors Pay Monthly Per Individual** |
| **HEALTH PLAN** | **%** | **&** | **%** | **&** |
| **Fallon Senior Plan \*** | **10%** | **$ 33.62** | **15%** | **$ 50.43** |
| **Harvard Pilgrim Medicare Enhance** | **10%** | **$ 42.31** | **15%** | **$ 63.46** |
| **Health New England MedPlus** | **10%** | **$ 39.48** | **15%** | **$ 59.23** |
| **Tufts Health Medicare Complement** | **10%** | **$ 38.23** | **15%** | **$ 57.34** |
| **Tufts Health Medicare Preferred \*** | **10%** | **$ 30.11** | **15%** | **$ 45.16** |
| **UniCare State Indemnity Plan/Medicare Extension (OME) with CIC Comprehensive)** | **10%** | **$ 38.06** | **15%** | **$ 57.10** |
| **UniCare State Indemnity Plan/Medicare Extension (OME) with CIC ( Non- Comprehensive)** | **10%** | **$ 36.99** | **15%** | **$ 55.49** |
| *Rates are calculated by the Blue Hills Regional School District Benefits Office* |
| ***RATE QUESTIONS? Please call Melody Hagg, Payroll & Human Resource Specialist at 781-828-5800 X336 or EMAIL: mhagg @bluehills.org*** |

\* Benefits and rates of Fallon and Tufts Health Plan Medicare Preferred are subject to federal approval and may change January 1, 2018