|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Health Plan** | **Plan Type** | Employee  **Monthly** | Employee  **Monthly $** | Employee  **Monthly $** |
|  |  | **%** | **Individual** | **Family** |
| Fallon Health Direct Care | HMO | 16% | 88.74 | 212.99 |
| Fallon Health Select Care  **CLOSED FOR NEW MEMBERS** | HMO | 16% | 117.93 | 283.02 |
| Harvard Pilgrim Independence Plan  **CLOSED FOR NEW MEMBERS** | POS | 16% | 131.88 | 321.78 |
| Harvard Pilgrim Primary Choice Plan | HMO | 16% | 99.31 | 242.32 |
| Health New England | HMO | 16% | 87.70 | 217.44 |
| NHP Prime (Neighborhood Health Plan) | HMO | 16% | 88.65 | 234.92 |
| Tufts Health Plan Navigator  **CLOSED FOR NEW MEMBERS** | POS | 16% | 116.61 | 284.55 |
| Tufts Health Plan Spirit | HMO-type | 16% | 88.52 | 213.11 |
| UniCare State Indemnity/ Basic *with CIC* | Indemnity | 40% | 415.52 | 972.22 |
| UniCare State Indemnity/ Basic *without CIC* | Indemnity | 40% | 396.72 | 928.61 |
| UniCare State Indemnity/ Community Choice | PPO-type | 16% | 83.29 | 199.91 |
| UniCare State Indemnity Plan/ PLUS | PPO-type | 16% | 110.91 | 264.98 |

**ACTIVE EMPLOYEES**

**RETIREES AND SURVIVORS WITHOUT MEDICARE**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Health Plan** | **Plan Type** | **Retiree** | **Retiree**  **Monthly $** | **Retiree**  **Monthly $** |
|  |  | **%** | **Individual** | **Family** |
| Fallon Health Direct Care | HMO | 15% | 83.20 | 199.68 |
| Fallon Health Select Care  **CLOSED FOR NEW MEMBERS** | HMO | 15% | 110.56 | 265.33 |
| Harvard Pilgrim Independence  **CLOSED FOR NEW MEMBERS** | POS | 15% | 123.63 | 301.67 |
| Harvard Pilgrim Primary Choice | HMO | 15% | 93.11 | 227.18 |
| Health New England | HMO | 15% | 82.22 | 203.85 |
| NHP Prime *(Neighborhood Health)* | HMO | 15% | 83.11 | 220.23 |
| Tufts Health Plan Navigator  **CLOSED FOR NEW MEMBERS** | POS | 15% | 109.33 | 266.76 |
| Tufts Health Plan Spirit | HMO-type | 15% | 82.99 | 199.79 |
| UniCare State Indemnity- Basic with CIC | Indemnity | 40% | 415.52 | 972.22 |
| UniCare State Indemnity- Basic without CIC | Indemnity | 40% | 396.72 | 928.61 |
| UniCare State Indemnity- Community Choice | PPO-type | 15% | 78.09 | 187.42 |
| UniCare State Indemnity- PLUS | PPO-type | 15% | 103.98 | 248.42 |

**RETIREES AND SURVIVORS WITH MEDICARE**

|  |  |  |  |
| --- | --- | --- | --- |
| **Health Plan** | **Plan Type** | **Monthly Per Person** | |
|  |  | **%** | **$** |
| Fallon Senior Plan\* | Medicare (HMO) | 30% | 100.85 |
| Harvard Pilgrim Medicare Enhance | Medicare (Indemnity) | 30% | 126.92 |
| Health New England MedPlus | Medicare (HMO) | 30% | 118.45 |
| Tufts Medicare Complement | Medicare (HMO) | 30% | 114.68 |
| Tufts Medicare Preferred\* | Medicare (HMO) | 30% | 90.32 |
| UniCare Medicare Extension (OME) **with** CIC | Medicare (Indemnity) | 30% | 114.19 |
| UniCare Medicare Extension (OME) **without** CIC | Medicare (Indemnity) | 30% | 110.97 |

Rates of **Fallon Senior** and **Tufts Medicare Preferred** are subject to federal approval and may change on **January 1, 2018.**

|  |  |  |
| --- | --- | --- |
| **GIC RETIREE DENTAL PLAN** | | |
| Single | 29.47 |
| Family | 71.00 |