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| --- | --- | --- | --- | --- | --- | --- | --- |
|  | | **Retired Municipal Teachers WITHOUT Medicare** | | | | | |
| RMT - Retired on or before  July 1, 1990 | | RMT - Retired after  July 1, 1990 through  June 30, 2012 | | RMT - Retired after  June 30, 2012 | |
| 10% | | 15% | | 30% HMO & POS;  35% Indemnity | |
| HEALTH PLAN | PLAN TYPE | Individual Coverage | Family Coverage | Individual Coverage | Family Coverage | Individual Coverage | Family Coverage |
| Fallon Health Direct Care | HMO | 55.47 | 133.12 | 83.20 | 199.68 | 166.40 | 399.36 |
| Fallon Health Select Care ***(Closed to New Members)*** | HMO | 73.71 | 176.89 | 110.56 | 265.33 | 221.12 | 530.67 |
| Harvard Pilgrim Independence Plan ***(Closed to New Members)*** | POS | 82.42 | 201.11 | 123.63 | 301.67 | 247.27 | 603.33 |
| Harvard Pilgrim Primary Choice Plan | HMO | 62.07 | 151.45 | 93.11 | 227.18 | 186.21 | 454.36 |
| Health New England | HMO | 54.82 | 135.90 | 82.22 | 203.85 | 164.45 | 407.69 |
| NHP Prime (Neighborhood Health Plan) | HMO | 55.40 | 146.82 | 83.11 | 220.23 | 166.21 | 440.47 |
| Tufts Health Plan Navigator  ***(Closed to New Members)*** | POS | 72.88 | 177.84 | 109.33 | 266.76 | 218.65 | 533.52 |
| Tufts Health Plan Spirit | HMO-type | 55.33 | 133.19 | 83.00 | 199.79 | 165.98 | 399.58 |
| UniCare State Indemnity Plan/Basic with CIC (Comprehensive) | Indemnity | 146.18 | 341.17 | 195.77 | 457.25 | 363.58 | 850.69 |
| UniCare State Indemnity Plan/Basic without CIC (Non-Comprehensive) | Indemnity | 99.18 | 232.15 | 148.77 | 348.23 | 347.13 | 812.53 |
| UniCare State Indemnity Plan/Community Choice | PPO-type | 52.06 | 124.95 | 78.09 | 187.42 | 156.18 | 374.84 |
| UniCare State Indemnity Plan/PLUS | PPO-type | 69.32 | 165.61 | 103.98 | 248.42 | 207.96 | 496.84 |

***\*CIC is an enrollee-pay-all benefit.***

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|  | | **Retired Municipal Teachers With Medicare** | | |
| RMT - Retired on or before  July 1, 1990 | RMT - Retired after  July 1, 1990 through  June 30, 2012 | RMT - Retired after  June 30, 2012 |
| 10% | 15% | 30% HMO  35% Indemnity |
| HEALTH PLAN | PLAN TYPE | Individual Coverage | Individual Coverage | Individual Coverage |
| Fallon Senior Plan\* | Medicare (HMO) | 33.62 | 50.43 | 100.85 |
| Harvard Pilgrim Medicare Enhance | Medicare (Indemnity) | 42.31 | 63.46 | 148.07 |
| Health New England MedPlus | Medicare (HMO) | 39.48 | 59.23 | 118.45 |
| Tufts Health Plan Medicare Complement | Medicare (HMO) | 38.23 | 57.34 | 114.68 |
| Tufts Health Plan Medicare Preferred\* | Medicare (HMO) | 30.11 | 45.16 | 90.32 |
| UniCare State Indemnity Plan/Medicare Extension (OME) with CIC (Comprehensive) | Medicare (Indemnity) | 47.72 | 66.22 | 133.22 |
| UniCare State Indemnity Plan/Medicare Extension (OME) without CIC (Non-Comprehensive) | Medicare (Indemnity) | 36.99 | 55.49 | 129.47 |

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

***\*\*CIC is an enrollee-pay-all benefit.***

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| **Active Employees, Retirees and Survivors Without Medicare** | | | | | | | | | |
|  | |  | ACTIVE EMPLOYEE | | RETIREE | | | SURVIVOR | |
| HEALTH PLAN | | PLAN TYPE | Individual Coverage | Family Coverage | Individual Coverage | | Family Coverage | Individual Coverage | Family Coverage |
| Fallon Health Direct Care | HMO | | 138.66 | 332.80 | | 166.40 | 399.36 | 277.33 | 665.60 |
| Fallon Health Select Care ***(Closed to New Members)*** | HMO | | 184.27 | 442.22 | | 221.12 | 530.67 | 368.53 | 884.45 |
| Harvard Pilgrim Independence Plan ***(Closed to New Members)*** | POS | | 247.27 | 603.33 | | 247.27 | 603.33 | 412.12 | 1055.55 |
| Harvard Pilgrim Primary Choice Plan | HMO | | 155.18 | 378.63 | | 186.21 | 454.36 | 310.35 | 757.27 |
| Health New England | HMO | | 137.04 | 339.75 | | 164.45 | 407.69 | 274.08 | 679.49 |
| NHP Prime (Neighborhood Health Plan) | HMO | | 138.51 | 367.06 | | 166.21 | 440.47 | 277.02 | 734.11 |
| Tufts Health Plan Navigator ***(Closed to New Members)*** | POS | | 218.65 | 533.52 | | 218.65 | 533.52 | 364.42 | 889.21 |
| Tufts Health Plan Spirit | HMO-type | | 138.32 | 332.99 | | 165.98 | 399.58 | 276.64 | 665.96 |
| UniCare State Indemnity Plan/Basic with CIC (Comprehensive) | Indemnity | | 363.58 | 850.69 | | 363.58 | 850.69 | 519.40 | 1215.27 |
| UniCare State Indemnity Plan/Basic without CIC (Non-Comprehensive) | Indemnity | | 347.13 | 812.53 | | 347.13 | 812.53 | 495.90 | 1160.76 |
| UniCare State Indemnity Plan/Community Choice | PPO-type | | 156.18 | 374.84 | | 156.18 | 374.84 | 260.30 | 624.73 |
| UniCare State Indemnity Plan/PLUS | PPO-type | | 207.96 | 496.84 | | 207.96 | 496.84 | 346.60 | 828.07 |

*HMO: Employees Pay 25%; Retirees w/out Medicare Pay 30%*

*POS: Employees and Retirees w/out Medicare Pay 30%*

*Indemnity: Employees and Retirees w/out Medicare Pay 35%*

*All Plans: Survivors Pay 50%*

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| **Retirees and Survivors with Medicare** | | | |
| **Retirees with Medicare pay 35% for Indemnity Plans**  **Retirees with Medicare pay 30% for HMO Plans**  **Survivors with Medicare pay 50% for all plans** | | | |
|  |  | **Retiree**  Pays Per Person | **Survivor**  Pays Per Person |
| HEALTH PLAN | PLAN TYPE | Individual Coverage | Individual Coverage |
| Fallon Senior Plan\* | Medicare (HMO) | 100.85 | 168.09 |
| Harvard Pilgrim Medicare Enhance | Medicare (Indemnity) | 148.07 | 211.53 |
| Health New England MedPlus | Medicare (HMO) | 118.45 | 197.42 |
| Tufts Health Plan Medicare Complement | Medicare (HMO) | 114.68 | 191.13 |
| Tufts Health Plan Medicare Preferred\* | Medicare (HMO) | 90.32 | 150.53 |
| UniCare State Indemnity Plan/Medicare Extension (OME) with CIC (Comprehensive) | Medicare (Indemnity) | 133.22 | 190.32 |
| UniCare State Indemnity Plan/Medicare Extension (OME) without CIC (Non-Comprehensive) | Medicare (Indemnity) | 129.47 | 184.96 |

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