**Active Employees, Retirees and Survivors without Medicare**

|  |  |  |  |
| --- | --- | --- | --- |
|  | Employee and Non-Medicare Retiree/Survivor Pays Monthly % | Employee and Non-Medicare Retiree/Survivor Pays Monthly $ | Employee and Non-Medicare Retiree/Survivor Pays Monthly $ |
| **Health Plan** |  | **Individual Coverage** | **Family**  **Coverage** |
| Fallon Health Direct Care | 17% | 94.29 | 226.30 |
| Fallon Health Select Care (**Closed to new** **members**) | 17% | 125.30 | 300.71 |
| Harvard Pilgrim Independence Plan (**Closed** **to new members**) | 17% | 140.12 | 341.89 |
| Harvard Pilgrim Primary Choice Plan | 17% | 105.52 | 257.47 |
| Health New England | 17% | 93.19 | 231.03 |
| NHP Prime (Neighborhood Health Plan) | 17% | 94.19 | 249.60 |
| Tufts Health Plan Navigator (**Closed to new** **members**) | 17% | 123.90 | 302.33 |
| Tufts Health Plan Spirit | 17% | 94.06 | 226.43 |
| UniCare State Indemnity Plan/Basic with CIC (Comprehensive) | 35% | 363.58 | 850.69 |
| UniCare State Indemnity Plan/Basic without CIC (Non-Comprehensive) | 35% | 347.13 | 812.53 |
| UniCare State Indemnity Plan/Community Choice | 17% | 88.50 | 212.41 |
| UniCare State Indemnity Plan/PLUS | 17% | 117.84 | 281.54 |
|  |  |  |  |

**Retirees and Survivors with Medicare**

|  |  |  |
| --- | --- | --- |
|  | Retiree/Survivor Pays Monthly  **Per Person** | |
| **Health Plan** | % | $ |
| Fallon Senior Plan\* | 17% | 57.15 |
| Harvard Pilgrim Medicare Enhance | 17% | 71.92 |
| Health New England MedPlus | 17% | 67.12 |
| Tufts Health Plan Medicare Complement | 17% | 64.98 |
| Tufts Health Plan Medicare Preferred\* | 17% | 51.18 |
| UniCare State Indemnity Plan/Medicare Extension (OME) with CIC (Comprehensive) | 17% | 64.71 |
| UniCare State Indemnity Plan/Medicare Extension (OME) without CIC (Non-Comprehensive) | 17% | 62.88 |
|  |  |  |

***\*Benefits and rates of Fallon Senior Plan and Tufts Health Plan Medicare Preferred are subject to federal approval and may change January 1, 2017.***

***Retiree Dental Plan rates next page***

|  |  |
| --- | --- |
| **GIC RETIREE DENTAL PLAN** | |
| Includes 0.35% Administrative Fee | |
| **Monthly GIC Plan Rates as of July 1, 2017** | |
| $1,250 Maximum Annual Benefit Per Member | |
| Coverage Type | Retiree Pays Monthly |
| Single | $29.47 |
| Family | $71.00 |