#  **Employees & Non-Medicare Eligible Retirees**

|  |  |  |  |
| --- | --- | --- | --- |
|  |  | **Employees hired before 7/1/09\*** | **Employees hired after 7/1/09\*** |
| **Insurance Type** | Total Premium per Month | Town Share per Month | Empl/Ret Pays Per Month | Employee Pays Biweekly | Town Share per Month | Empl/Ret Pays Per Month | Employee Pays Biweekly |
| Fallon Direct Family-HMO | 1,331.20 | 1,064.96 | 266.24 | 133.12 | 998.40 | 332.80 | 166.40 |
| Fallon Direct Individual-HMO | 554.65 | 443.71 | 110.94 | 55.47 | 415.99 | 138.66 | 69.33 |
| Fallon Select Family-HMO**-Closed to new members** | 1,768.89 | 1,415.11 | 353.78 | 176.89 | 1,326.67 | 442.22 | 221.11 |
| Fallon Select Individual-HMO-**Closed to new members** | 737.06 | 589.64 | 147.42 | 73.71 | 552.80 | 184.26 | 92.13 |
| Harvard Pilgrim Independence Fam-POS-**Closed to new members** | 2,011.10 | 1,005.54 | 1,005.56 | 502.78 | 1,005.54 | 1,005.56 | 502.78 |
| Harvard Pilgrim Independence Ind-POS-**Closed to new members** | 824.23 | 412.11 | 412.12 | 206.06 | 412.11 | 412.12 | 206.06 |
| Harvard Pilgrim Primary Choice Fam-HMO | 1,514.53 | 1,211.61 | 302.92 | 151.46 | 1,135.89 | 378.64 | 189.32 |
| Harvard Pilgrim Primary Choice Ind-HMO | 620.70 | 496.56 | 124.14 | 62.07 | 465.52 | 155.18 | 77.59 |
| Health New England Fam-HMO | 1,358.98 | 1,087.18 | 271.80 | 135.90 | 1,019.24 | 339.74 | 169.87 |
| Health New England Ind-HMO | 548.15 | 438.51 | 109.64 | 54.82 | 411.11 | 137.04 | 68.52 |
| NHP Prime Family-HMO | 1,468.22 | 1,174.58 | 293.64 | 146.82 | 1,101.16 | 367.06 | 183.53 |
| NHP Prime Individual-HMO | 554.04 | 443.22 | 110.82 | 55.41 | 415.52 | 138.52 | 69.26 |
| Tufts Health Plan Navigator Fam-POS-**Closed to new members** | 1,778.41 | 889.21 | 889.20 | 444.60 | 889.21 | 889.20 | 444.60 |
| Tufts Health Plan Navigator Ind-POS-**Closed to new members** | 728.84 | 364.42 | 364.42 | 182.21 | 364.42 | 364.42 | 182.21 |
| Tufts Health Plan Spirit Fam-HMO type | 1,331.92 | 1,065.54 | 266.38 | 133.19 | 998.94 | 332.98 | 166.49 |
| Tufts Health Plan Spirit Ind-HMO type | 553.27 | 442.61 | 110.66 | 55.33 | 414.95 | 138.32 | 69.16 |
| UniCare State Indemnity Plan/Basic with CIC (Comprehensive) Family | 2,430.54 | 1,215.26 | 1,215.28 | 607.64 | 1,215.26 | 1,215.28 | 607.64 |
| UniCare State Indemnity Plan/Basic with CIC (Comprehensive) Individual | 1,038.80 | 519.40 | 519.40 | 259.70 | 519.40 | 519.40 | 259.70 |
| UniCare State Indemnity Plan/Basic without CIC (Non-Comprehensive) Family | 2,321.52 | 1,160.76 | 1,160.76 | 580.38 | 1,160.76 | 1,160.76 | 580.38 |
| UniCare State Indemnity Plan/Basic without CIC (Non-Comprehensive) Indiv | 991.80 | 495.90 | 495.90 | 247.95 | 495.90 | 495.90 | 247.95 |
| UniCare State Indemnity Plan/Community Choice Family-PPO type | 1,249.46 | 624.72 | 624.74 | 312.37 | 624.72 | 624.74 | 312.37 |
| UniCare State Indemnity Plan/Community Choice Indiv-PPO type | 520.59 | 260.29 | 260.30 | 130.15 | 260.29 | 260.30 | 130.15 |
| UniCare State Indemnity Plan/PLUS Family - PPO type  | 1,656.13 | 828.07 | 828.06 | 414.03 | 828.07 | 828.06 | 414.03 |
| UniCare State Indemnity Plan/PLUS Indiv - PPO type  | 693.20 | 346.60 | 346.60 | 173.30 | 346.60 | 346.60 | 173.30 |

***\*HMO split Town 80/Employee 20 for employees hired before 7/1/2009 \*\*HMO split Town 75/Employee 25 for employees hired after 7/1/2009 PPO, POS and Indemnity Plans split 50/50***

**Medicare Eligible Retirees & Survivors**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Insurance Type** | **Total Premium per Month** | **Town Share per Month** | **Retiree Pays Per Plan Monthly** | **Retiree Pays Per Plan Quarterly** | **\*Surviving Spouse Pays Per Plan Monthly** | **\*Surviving Spouse Pays Per Plan Quarterly** |
| +Fallon Senior Plan HMO\*\*\* | 336.17 | 248.77 | 87.40 | 262.20 | 336.17 | 1,008.51 |
| Harvard Pilgrim Medicare Enhance-Indemnity\*\* | 423.05 | 211.53 | 211.52 | 634.56 | 423.05 | 1,269.15 |
| Health New England MedPlus HMO\*\*\* | 394.84 | 292.18 | 102.66 | 307.98 | 394.84 | 1,184.52 |
| Tufts Health Plan Medicare Complement | 382.26 | 282.87 | 99.39 | 298.17 | 382.26 | 1,146.78 |
| +Tufts Health Plan Medicare Preferred\*\*\*\* HMO | 301.05 | 222.78 | 78.27 | 234.81 | 301.05 | 903.15 |
| UniCare state Indemnity Plan/Medicare Extension (OME) with CIC (Comprehensive) | 380.64 | 190.32 | 190.32 | 570.96 | 380.64 | 1,141.92 |
| UniCare state Indemnity Plan/Medicare Extension (OME) without CIC (Non-Comprehensive) | 369.91 | 184.95 | 184.96 | 554.88 | 369.91 | 1,109.73 |

***\*\*\* Senior Plan HMO split Town 74%/Retiree 26%***

***\*\* Senior Plan PPO & Indemnity Plan split Town 50%/Retiree 50%***

***\* Surviving Spouses pay full cost for coverage***

***+ Benefits and rates of Fallon Senior Plan and Tufts Health Plan Medicare Preferred are subject to federal approval and may be changed January 1, 2018.***

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| **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 |