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

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | Teacher Who Retired Before July 1,  2008 Pays Monthly % | Teacher Who Retired Before July 1,  2008 Pays Monthly $ | Teacher Who Retired Before July 1,  2008 Pays Monthly $ | 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** |  | **Individual Coverage** | **Family Coverage** |
| Fallon Health Direct Care | 10% | 55.47 | 133.12 | 30% | 166.40 | 399.36 |
| Fallon Health Select Care (**Closed to New Members**) | 10% | 73.71 | 176.89 | 30% | 221.12 | 530.67 |
| Harvard Pilgrim Independence Plan (**Closed to New Members**) | 10% | 82.42 | 201.11 | 30% | 247.27 | 603.33 |
| Harvard Pilgrim Primary Choice Plan | 10% | 62.07 | 151.45 | 30% | 186.21 | 454.36 |
| Health New England | 10% | 54.82 | 135.90 | 30% | 164.45 | 407.69 |
| NHP Prime (Neighborhood Health Plan) | 10% | 55.40 | 146.82 | 30% | 166.21 | 440.47 |
| Tufts Health Plan Navigator (**Closed to New Members**) | 10% | 72.88 | 177.84 | 30% | 218.65 | 533.52 |
| Tufts Health Plan Spirit | 10% | 55.33 | 133.19 | 30% | 165.98 | 399.58 |
| UniCare State Indemnity Plan/Basic with CIC (Comprehensive) | 10% | 146.18 | 341.17 | 50% | 542.90 | 1269.78 |
| UniCare State Indemnity Plan/Basic without CIC (Non-Comprehensive) | 10% | 99.18 | 232.15 | 50% | 495.90 | 1160.76 |
| UniCare State Indemnity Plan/Community Choice | 10% | 52.06 | 124.95 | 30% | 156.18 | 374.84 |
| UniCare State Indemnity Plan/PLUS | 10% | 69.32 | 165.61 | 30% | 207.96 | 496.84 |

**Retirees and Survivors with Medicare**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **Teacher Who Retired Before July 1, 2008 Pays Monthly Per Person** | | **Retiree and Survivor Pays Monthly Per Person** | |
| **Health Plan** | **%** | **$** | **%** | **$** |
| Fallon Senior Plan\* | 10% | 33.62 | 30% | 100.85 |
| Harvard Pilgrim Medicare Enhance | 10% | 42.31 | 50% | 211.53 |
| Health New England MedPlus | 10% | 39.48 | 30% | 118.45 |
| Tufts Health Plan Medicare Complement | 10% | 38.23 | 30% | 114.68 |
| Tufts Health Plan Medicare Preferred\* | 10% | 30.11 | 30% | 90.32 |
| UniCare State Indemnity Plan/Medicare Extension (OME) with CIC (Comprehensive) | 10% | 47.72 | 50% | 195.69 |
| UniCare State Indemnity Plan/Medicare Extension (OME) without CIC (Non-Comprehensive) | 10% | 36.99 | 50% | 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.

|  |  |
| --- | --- |
| **GIC RETIREE DENTAL PLAN** | |
| Includes %.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 |