GIC Health Plan Rates

# MONTHLY RATES ASOF JULY 1, 2017

#  FOR the **town of stoneham** ENROLLEES

**INCLUDING THE 0.35% ADMINISTRATIVE FEE**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | Teacher Who Retired Before July 1, 2009 Pays Monthly % | Teacher Who Retired Before July 1, 2009 Pays Monthly $ | Teacher Who Retired Before July 1, 2009 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 | 20% | 110.93 | 266.24 |
| Fallon Health Select Care **(Closed to New Members)** | 10% | 73.71 | 176.89 | 20% | 147.41 | 353.78 |
| Harvard Pilgrim Independence Plan **(Closed to New Members)** | 10% | 82.42 | 201.11 | 20% | 164.85 | 402.22 |
| Harvard Pilgrim Primary Choice Plan | 10% | 62.07 | 151.45 | 20% | 124.14 | 302.91 |
| Health New England | 10% | 54.82 | 135.90 | 20% | 109.63 | 271.80 |
| NHP Prime (Neighborhood Health Plan) | 10% | 55.40 | 146.82 | 20% | 110.81 | 293.64 |
| Tufts Health Plan Navigator **(Closed to New Members)** | 10% | 72.88 | 177.84 | 20% | 145.77 | 355.68 |
| Tufts Health Plan Spirit | 10% | 55.33 | 133.19 | 20% | 110.65 | 266.38 |
| UniCare State Indemnity Plan/Basic *with CIC (Comprehensive)* | 10% | 103.88 | 243.05 | 40% | 415.52 | 972.22 |
| UniCare State Indemnity Plan/Basic *without CIC (Non-Comprehensive)* | 10% | 99.18 | 232.15 | 40% | 396.72 | 928.61 |
| UniCare State Indemnity Plan/Community Choice | 10% | 52.06 | 124.95 | 20% | 104.12 | 249.89 |
| UniCare State Indemnity Plan/PLUS | 10% | 69.32 | 165.61 | 20% | 138.64 | 331.23 |

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

**Retirees and Survivors with Medicare**

|  |  |  |
| --- | --- | --- |
|  | Teacher Who Retired Before July 1, 2009 Pays Monthly Per Person | Retiree and Survivor Pays Monthly Per Person |
| **Health Plan** | **%** | **$** | **%** | **$** |
| Fallon Senior Plan\* | 10% | 33.62 | 20% | 67.23 |
| Harvard Pilgrim Medicare Enhance | 10% | 42.31 | 20% | 84.61 |
| Health New England MedPlus | 10% | 39.48 | 20% | 78.97 |
| Tufts Health Plan Medicare Complement | 10% | 38.23 | 20% | 76.45 |
| Tufts Health Plan Medicare Preferred\*\* | 10% | 30.11 | 20% | 60.21 |
| UniCare State Indemnity Plan/Medicare Extension (OME) *with CIC (Comprehensive)* | 10% | 38.06 | 40% | 152.26 |
| UniCare State Indemnity Plan/Medicare Extension (OME) *without CIC (Non-Comprehensive)* | 10% | 36.99 | 40% | 147.96 |

***\*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.***

*Rates are calculated by the Town of Stoneham Benefits Office.*

**Rate questions?**

**CALL: Municipal Benefits Coordinator (781) 279-2630**

**Payroll/Benefits Coordinator, Stoneham Schools (781) 279-3802 x1301**