



MONTHLY GIC HEALTH INSURANCE PRODUCT RATES EFFECTIVE JULY 1, 2018

MEDICARE RETIREES <i>Retired on or before July 1, 1994 and SURVIVORS¹</i>	MEDICARE RETIREES <i>Retired after July 1, 1994 and who filed for retirement on or before October 1, 2009</i>	MEDICARE RETIREES <i>who filed for retirement after October 1, 2009</i>
10%	15%	20%
<i>Retiree/Survivor Pays Monthly</i>	<i>Retiree Pays Monthly</i>	<i>Retiree Pays Monthly</i>

BASIC LIFE INSURANCE ONLY – \$5,000 COVERAGE				
HEALTH INSURANCE PRODUCTS (Premium includes Basic Life Insurance)	PRODUCT CATEGORY	PER PERSON	PER PERSON	PER PERSON
Tufts Health Plan Medicare Preferred ²	Medicare Advantage	\$0.65	\$0.98	\$1.30
Tufts Health Plan Medicare Complement	Medicare Supplement	\$36.70	\$55.05	\$73.39
Harvard Pilgrim Medicare Enhance		\$38.78	\$58.17	\$77.55
Health New England Medicare Supplement Plus		\$39.20	\$58.80	\$78.39
UniCare State Indemnity Plan/ Medicare Extension (OME) with CIC ³ (Comprehensive)		\$48.43	\$67.13	\$85.81
UniCare State Indemnity Plan/ Medicare Extension (OME) without CIC (Non-Comprehensive)		\$37.38	\$56.08	\$74.76

1 Survivors are not eligible for life insurance. For monthly health insurance premium cost, deduct \$0.65 from monthly "Retiree/Survivor Pays Monthly" premium.
 2 Benefits and rates of Tufts Health Plan Medicare Preferred are subject to federal approval and may change January 1, 2019.
 3 CIC is an enrollee-pay-all benefit.

STATE RETIREE OPTIONAL LIFE INSURANCE

RETIRED STATE EMPLOYEE AGE	RETIREE SMOKER RATE <i>Per \$1,000 of Coverage</i>	RETIREE NON-SMOKER RATE <i>Per \$1,000 of Coverage</i>
Under Age 70	\$1.64	\$1.29
70 – 74	\$2.87	\$2.24
75 – 79	\$7.82	\$5.97
80 – 84	\$14.82	\$11.30
85 – 89	\$23.46	\$17.91
90 – 94	\$33.64	\$27.23
95 – 99	\$73.49	\$59.46
100 and over	\$140.90	\$114.02

GIC RETIREE DENTAL PLAN

\$1,250 Maximum Annual Benefit per Member

COVERAGE TYPE	RETIREE PAYS MONTHLY
Single	\$29.91
Family	\$72.05

For GIC Retired Municipal Teacher (RMT) rates, see separate rate sheet.