

**GIC Health Plan Rates**  
MONTHLY RATES AS OF JULY 1, 2017  
FOR THE **TOWN OF MILLIS** ENROLLEES

Including the .35% Administrative Fee

**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 ( <b>Closed to New Members</b> )	10%	73.71	176.89	30%	221.12	530.67
Harvard Pilgrim Independence Plan ( <b>Closed to New Members</b> )	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 ( <b>Closed to New Members</b> )	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.*

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

**RATE QUESTIONS? CALL: 1-508-376-7091**

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<b>GIC RETIREE DENTAL PLAN</b>	
Includes %.35 Administrative Fee	
<b>Monthly GIC Plan Rates as of July 1, 2017</b>	
\$1,250 Maximum Annual Benefit Per Member	
Coverage Type	Retiree Pays Monthly
Single	29.47
Family	71.00

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