

**GIC Health Plan Rates**  
MONTHLY RATES AS OF JULY 1, 2018  
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 \$
<b>Health Plan</b>		<b>Individual Coverage</b>	<b>Family Coverage</b>		<b>Individual Coverage</b>	<b>Family Coverage</b>
Fallon Health Direct Care	10%	56.63	142.30	30%	169.89	426.90
Fallon Health Select Care	10%	76.56	185.56	30%	229.69	556.66
Harvard Pilgrim Independence Plan	10%	82.66	200.94	30%	248.00	602.82
Harvard Pilgrim Primary Choice Plan	10%	60.32	152.91	30%	180.97	458.73
Health New England	10%	55.10	130.65	30%	165.29	391.96
NHP Prime (Neighborhood Health Plan)	10%	58.04	149.61	30%	174.13	448.83
Tufts Health Plan Navigator	10%	74.35	181.19	30%	223.04	543.56
Tufts Health Plan Spirit	10%	56.42	135.54	30%	169.27	406.63
UniCare State Indemnity Plan/Basic with CIC (Comprehensive)	10%	149.69	334.17	50%	553.56	1227.19
UniCare State Indemnity Plan/Basic without CIC (Non-Comprehensive)	10%	100.97	223.25	50%	504.84	1116.27
UniCare State Indemnity Plan/Community Choice	10%	50.22	123.65	30%	150.65	370.96
UniCare State Indemnity Plan/PLUS	10%	69.61	165.45	30%	208.83	496.36

**Retirees and Survivors with Medicare**

	<b>Teacher Who Retired Before July 1, 2008 Pays Monthly Per Person</b>		<b>Retiree and Survivor Pays Monthly Per Person</b>	
<b>Health Plan</b>	<b>%</b>	<b>\$</b>	<b>%</b>	<b>\$</b>
Harvard Pilgrim Medicare Enhance	10%	38.26	50%	191.30
Health New England MedPlus	10%	38.68	50%	193.41
Tufts Health Plan Medicare Complement	10%	36.17	50%	180.87
Tufts Health Plan Medicare Preferred*	10%	33.20	30%	99.60
UniCare State Indemnity Plan/Medicare Extension (OME) with CIC (Comprehensive)	10%	47.94	50%	195.38
UniCare State Indemnity Plan/Medicare Extension (OME) without CIC (Non-Comprehensive)	10%	36.86	50%	184.30

*\*Benefits and rates of Tufts Health Plan Medicare Preferred are subject to federal approval and may change on January 1, 2019.*

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

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

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FOR THE **TOWN OF MILLIS** ENROLLEES

**Including the .35% Administrative Fee**

<b>GIC RETIREE DENTAL PLAN</b>	
Includes %.35 Administrative Fee	
<b>Monthly GIC Plan Rates as of July 1, 2018</b>	
\$1,250 Maximum Annual Benefit Per Member	
Coverage Type	Retiree Pays Monthly
Single	30.01
Family	72.30

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