

GIC Health Plan Rates
MONTHLY RATES AS OF JULY 1, 2019
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%	60.07	151.42	30%	180.20	454.27
Fallon Health Select Care	10%	81.18	197.19	30%	243.54	591.57
Harvard Pilgrim Independence Plan	10%	88.97	217.15	30%	266.90	651.45
Harvard Pilgrim Primary Choice Plan	10%	64.58	164.65	30%	193.74	493.94
Health New England	10%	57.08	135.65	30%	171.24	406.96
Allways Health Partners Complete HMO	10%	64.69	167.77	30%	194.08	503.31
Tufts Health Plan Navigator	10%	74.78	182.21	30%	224.33	546.62
Tufts Health Plan Spirit	10%	56.60	135.89	30%	169.77	407.68
UniCare State Indemnity Plan/Basic with CIC (Comprehensive)	10%	155.01	346.32	50%	568.83	1262
UniCare State Indemnity Plan/Basic without CIC (Non-Comprehensive)	10%	103.45	228.92	50%	517.27	1144.60
UniCare State Indemnity Plan/Community Choice	10%	51.75	127.70	30%	155.25	383.09
UniCare State Indemnity Plan/PLUS	10%	69.61	165.46	30%	208.83	496.38

Retirees and Survivors with Medicare

Health Plan	Teacher Who Retired Before July 1, 2008 Pays Monthly Per Person		Retiree and Survivor Pays Monthly Per Person	
	%	\$	%	\$
Harvard Pilgrim Medicare Enhance	10%	39.11	50%	195.56
Health New England MedPlus	10%	39.18	50%	195.91
Tufts Health Plan Medicare Complement	10%	37.15	50%	185.75
Tufts Health Plan Medicare Preferred*	10%	32.24	30%	96.73
UniCare State Indemnity Plan/Medicare Extension (OME) with CIC (Comprehensive)	10%	48.25	50%	198.77
UniCare State Indemnity Plan/Medicare Extension (OME) without CIC (Non-Comprehensive)	10%	37.63	50%	188.15

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

GIC RETIREE DENTAL PLAN	
Includes %.35 Administrative Fee	
Monthly GIC Plan Rates as of July 1, 2019	
\$1,250 Maximum Annual Benefit Per Member	
Coverage Type	Retiree Pays Monthly
Single	30.32
Family	73.02

Rates are calculated by the Town of Millis Benefits Office.

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