



TOWN OF MILLIS GIC HEALTH PLAN/METLIFE DENTAL RATES FY25 MONTHLY RATES AS OF JULY 1, 2024

Survivors, and Retirees without Medicare

| | Total Monthly Cost | Total Monthly Cost | TEACHER Retired Before 7/1/08 | TEACHER Retired Before 7/1/08 Monthly Cost | TEACHER Retired Before 7/1/08 Monthly Cost | Non-Medicare Retiree/Survivor | Non-Medicare Retiree/Survivor Monthly Cost | Non-Medicare Retiree/Survivor Monthly Cost |
|---|---------------------|--------------------|-------------------------------|--|--|-------------------------------|--|--|
| Health Plan | Individual Coverage | Family Coverage | % | Individual Coverage | Family Coverage | % | Individual Coverage | Family Coverage |
| Harvard Pilgrim Explorer | \$1,067.87 | \$2,645.90 | 10% | \$106.79 | \$264.59 | 30% | \$320.36 | \$793.77 |
| Harvard Pilgrim Quality | \$788.04 | \$2,005.81 | 10% | \$78.80 | \$200.58 | 30% | \$236.41 | \$601.74 |
| Harvard Pilgrim Access America | \$1,259.39 | \$2,809.26 | 10% | \$125.94 | \$280.93 | 50% | \$629.70 | \$1,404.63 |
| Health New England | \$778.25 | \$1,866.96 | 10% | \$77.83 | \$186.70 | 30% | \$233.48 | \$560.09 |
| Mass General Brigham Health Plan Complete | \$977.66 | \$2,585.42 | 10% | \$97.77 | \$258.54 | 30% | \$293.30 | \$775.63 |
| *Wellpoint Community Choice | \$744.97 | \$1,849.09 | 10% | \$74.50 | \$184.91 | 30% | \$223.49 | \$554.73 |
| *Wellpoint PLUS | \$958.62 | \$2,284.05 | 10% | \$95.86 | \$228.41 | 30% | \$287.59 | \$685.22 |
| *Wellpoint Total Choice | \$1,501.35 | \$3,331.72 | 10% | \$150.14 | \$333.17 | 50% | \$750.68 | \$1,665.86 |

Retirees and Survivors with Medicare

| | Total Monthly Cost | Teacher Retired Before 7/1/08 Monthly Cost | Retiree and Survivor Monthly Cost |
|---|--------------------|--|-----------------------------------|
| Health Plan | | % | \$ |
| Tufts Health Plan Medicare Preferred | \$363.84 | 10% | \$36.38 |
| *Wellpoint Medicare Extension | \$444.68 | 10% | \$44.47 |
| Harvard Pilgrim Medicare Enhance | \$436.13 | 10% | \$43.61 |
| Health New England Medicare Supplement Plus | \$438.79 | 10% | \$43.88 |

| RETIREE DENTAL PLAN- GIC/MetLife | |
|----------------------------------|-----------------------|
| Coverage Type | Employee Pays Monthly |
| Individual | \$29.36 |
| Family | \$70.75 |

*Wellpoint formally named UniCare – please visit wellpointmass.com for more information.

All health rates include the .30% Administrative Fee

QUESTIONS? - Email benefits@millisma.gov or call 508-376-7041