

GIC Health Plan Rates/Altus Dental Rates

FY22 MONTHLY RATES AS OF JULY 1, 2021

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%	63.75	161.17	30%	191.26	483.51
Fallon Health Select Care	10%	86.30	210.06	30%	258.90	630.17
Harvard Pilgrim Independence Plan	10%	96.43	235.61	30%	289.28	706.84
Harvard Pilgrim Primary Choice Plan	10%	69.80	178.20	30%	209.39	534.59
Health New England	10%	63.03	150.45	30%	189.10	451.34
Allways Health Partners Complete HMO	10%	76.80	200.57	30%	230.39	601.71
Tufts Health Plan Navigator	10%	83.67	204.59	30%	251.00	613.78
Tufts Health Plan Spirit	10%	63.87	154.19	30%	191.62	462.57
UniCare State Indemnity Plan/Basic with CIC (Comprehensive)	10%	174.96	391.58	50%	632.39	1406.04
UniCare State Indemnity Plan/Basic without CIC (Non-Comprehensive)	10%	114.36	253.61	50%	571.79	1268.07
UniCare State Indemnity Plan/Community Choice	10%	59.38	147.58	30%	178.15	442.75
UniCare State Indemnity Plan/PLUS	10%	78.20	186.67	30%	234.60	560.02

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	%	\$	%	\$
Harvard Pilgrim Medicare Enhance	10%	41.34	50%	206.71
Health New England MedPlus	10%	41.42	50%	207.09
Tufts Health Plan Medicare Complement	10%	39.26	50%	196.30
Tufts Health Plan Medicare Preferred*	10%	33.27	30%	99.81
UniCare State Indemnity Plan/Medicare Extension (OME) with CIC (Comprehensive)	10%	51.43	50%	210.28
UniCare State Indemnity Plan/Medicare Extension (OME) without CIC (Non-Comprehensive)	10%	39.71	50%	198.56

ALTUS DENTAL PLAN	
FY22 MONTHLY RATES AS OF JULY 1, 2021	
\$1,500 Maximum Annual Benefit Per Member Per Calendar Year	
Coverage Type	Retiree Pays Monthly
Single	47.82
Family	122.97

Rates are calculated by the Town of Millis Benefits Office.

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