

GIC Health Plan Rates/MetLife 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

GIC RETIREE DENTAL PLAN	
Includes %.35 Administrative Fee	
Monthly GIC Plan Rates as of July 1, 2021	
\$1,250 Maximum Annual Benefit Per Member	
Coverage Type	Retiree Pays Monthly
Single	28.41
Family	68.44

Rates are calculated by the Town of Millis Benefits Office.

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