

GIC Health Plan Rates/MetLife Dental Rates

FY23 MONTHLY RATES AS OF JULY 1, 2022

FOR THE TOWN OF MILLIS ENROLLEES

Including the .30% 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
Harvard Pilgrim Independence Plan	10%	103.60	253.46	30%	310.81	760.39
Harvard Pilgrim Primary Choice Plan	10%	74.67	190.96	30%	224.02	572.87
Health New England	10%	66.97	160.21	30%	200.91	480.64
Allways Health Partners Complete HMO	10%	84.45	221.16	30%	253.34	663.49
Tufts Health Plan Navigator	10%	89.12	218.32	30%	267.35	654.95
Tufts Health Plan Spirit	10%	67.57	163.45	30%	202.72	490.36
UniCare State Indemnity Plan/Basic with CIC (Comprehensive)	10%	177.16	396.50	50%	649.13	1443.68
UniCare State Indemnity Plan/Basic without CIC (Non-Comprehensive)	10%	117.99	261.79	50%	589.96	1308.97
UniCare State Indemnity Plan/Community Choice	10%	62.38	155.34	30%	187.15	466.02
UniCare State Indemnity Plan/PLUS	10%	81.14	193.88	30%	243.42	581.63

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%	42.40	50%	211.99
Health New England MedPlus	10%	43.03	50%	215.15
Tufts Health Plan Medicare Complement	10%	40.61	50%	203.01
Tufts Health Plan Medicare Preferred	10%	34.54	30%	103.63
UniCare State Indemnity Plan/Medicare Extension (OME) with CIC (Comprehensive)	10%	51.56	50%	212.37
UniCare State Indemnity Plan/Medicare Extension (OME) without CIC (Non-Comprehensive)	10%	40.20	50%	201.00

GIC RETIREE DENTAL PLAN

Includes %.30 Administrative Fee

Monthly GIC Plan Rates as of July 1, 2022

\$1,250 Maximum Annual Benefit Per Member

Coverage Type	Retiree Pays Monthly
Single	28.88
Family	69.57

Rates are calculated by the Town of Millis Benefits Office.

RATE QUESTIONS? CALL: 508-376-7091