

GIC Health Plan Rates

FY21 MONTHLY RATES AS OF JULY 1, 2020
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%	61.86	156.15	30%	185.57	468.44
Fallon Health Select Care	10%	83.62	203.30	30%	250.86	609.91
Harvard Pilgrim Independence Plan	10%	91.72	223.92	30%	275.15	671.76
Harvard Pilgrim Primary Choice Plan	10%	66.54	169.70	30%	199.63	509.11
Health New England	10%	59.43	141.48	30%	178.29	424.44
Allways Health Partners Complete HMO	10%	68.79	178.95	30%	206.36	536.84
Tufts Health Plan Navigator	10%	79.90	195.15	30%	239.71	585.44
Tufts Health Plan Spirit	10%	60.67	146.16	30%	182.00	438.47
UniCare State Indemnity Plan/Basic with CIC (Comprehensive)	10%	167.08	373.74	50%	610.05	1355.51
UniCare State Indemnity Plan/Basic without CIC (Non-Comprehensive)	10%	110.74	245.44	50%	553.71	1227.21
UniCare State Indemnity Plan/Community Choice	10%	55.26	136.81	30%	165.77	410.42
UniCare State Indemnity Plan/PLUS	10%	72.37	172.25	30%	217.12	516.75

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%	40.40	50%	202.02
Health New England MedPlus	10%	40.48	50%	202.40
Tufts Health Plan Medicare Complement	10%	38.39	50%	191.94
Tufts Health Plan Medicare Preferred*	10%	32.51	30%	97.54
UniCare State Indemnity Plan/Medicare Extension (OME) with CIC (Comprehensive)	10%	49.94	50%	205.46
UniCare State Indemnity Plan/Medicare Extension (OME) without CIC (Non-Comprehensive)	10%	38.88	50%	194.40

**Benefits and rates of Tufts Health Plan Medicare Preferred are subject to federal approval and may change on January 1, 2021.*

GIC RETIREE DENTAL PLAN	
Includes %.35 Administrative Fee	
Monthly GIC Plan Rates as of July 1, 2020	
\$1,250 Maximum Annual Benefit Per Member	
Coverage Type	Retiree Pays Monthly
Single	29.92
Family	72.07

Rates are calculated by the Town of Millis Benefits Office.

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