

GIC HEALTH, DENTAL, VISION, AND LIFE INSURANCE RATES EFFECTIVE 07/01/2020

MEDICAL			ACTUAL MONTHLY RATE	TOWN MONTHLY SHARE	MONTHLY EMPLOYEE SHARE	52 WEEKS EMPLOYEE SHARE	44 WEEKS EMPLOYEE SHARE	38 WEEKS EMPLOYEE SHARE	26 WEEKS EMPLOYEE SHARE	21 WEEKS EMPLOYEE SHARE	10 MONTH EMPLOYEE SHARE
PLAN NAME											
FALLON HEALTH DIRECT CARE	HMO	COBRA		84%	16%	16%	16%	16%	16%	16%	16%
Individual			\$618.59	\$519.62	\$98.97	\$22.84	\$26.99	\$31.26	\$45.68	\$56.56	\$118.77
Family			\$1,561.48	\$1,311.64	\$249.84	\$57.65	\$68.14	\$78.90	\$115.31	\$142.76	\$299.80
FALLON HEALTH SELECT CARE	HMO	COBRA		84%	16%	16%	16%	16%	16%	16%	16%
Individual			\$836.19	\$702.40	\$133.79	\$30.87	\$36.49	\$42.25	\$61.75	\$76.45	\$160.55
Family			\$2,033.04	\$1,707.75	\$325.29	\$75.07	\$88.71	\$102.72	\$150.13	\$185.88	\$390.34
HARVARD PILGRIM INDEPENDENCE	POS	COBRA		77.5%	22.5%	22.5%	22.5%	22.5%	22.5%	22.5%	22.5%
Individual			\$917.18	\$710.81	\$206.37	\$47.62	\$56.28	\$65.17	\$95.25	\$117.92	\$247.64
Family			\$2,239.19	\$1,735.37	\$503.82	\$116.27	\$137.40	\$159.10	\$232.53	\$287.90	\$604.58
HARVARD PILGRIM PRIMARY CHOICE	HMO	COBRA		84%	16%	16%	16%	16%	16%	16%	16%
Individual			\$665.43	\$558.96	\$106.47	\$24.57	\$29.04	\$33.62	\$49.14	\$60.84	\$127.76
Family			\$1,697.02	\$1,425.50	\$271.52	\$62.66	\$74.05	\$85.74	\$125.32	\$155.16	\$325.83
HEALTH NEW ENGLAND	HMO	COBRA		84%	16%	16%	16%	16%	16%	16%	16%
Individual			\$594.29	\$499.20	\$95.09	\$21.94	\$25.93	\$30.03	\$43.89	\$54.34	\$114.10
Family			\$1,414.80	\$1,188.43	\$226.37	\$52.24	\$61.74	\$71.48	\$104.48	\$129.35	\$271.64
ALLWAYS HEALTH PARTNERS COMPLETE	HMO	COBRA		84%	16%	16%	16%	16%	16%	16%	16%
Individual			\$687.87	\$577.81	\$110.06	\$25.40	\$30.02	\$34.76	\$50.80	\$62.89	\$132.07
Family			\$1,789.45	\$1,503.14	\$286.31	\$66.07	\$78.09	\$90.41	\$132.14	\$163.61	\$343.57
TUFTS HEALTH PLAN NAVIGATOR	POS	COBRA		77.5%	22.5%	22.5%	22.5%	22.5%	22.5%	22.5%	22.5%
Individual			\$799.04	\$619.26	\$179.78	\$41.49	\$49.03	\$56.77	\$82.98	\$102.73	\$215.74
Family			\$1,951.46	\$1,512.38	\$439.08	\$101.33	\$119.75	\$138.66	\$202.65	\$250.90	\$526.89
TUFTS HEALTH PLAN SPIRIT	HMO-TYPE	COBRA		84%	16%	16%	16%	16%	16%	16%	16%
Individual			\$606.68	\$509.61	\$97.07	\$22.40	\$26.47	\$30.65	\$44.80	\$55.47	\$116.48
Family			\$1,461.55	\$1,227.70	\$233.85	\$53.96	\$63.78	\$73.85	\$107.93	\$133.63	\$280.62
UNICARE STATE INDEMNITY PLAN BASIC/WITH CIC (COMPREHENSIVE)	INDEMNITY	COBRA		75%	25%	25%	25%	25%	25%	25%	25%
Individual			\$1,163.76	\$872.82	\$290.94	\$67.14	\$79.35	\$91.88	\$134.28	\$166.25	\$349.13
Family			\$2,582.71	\$1,937.03	\$645.68	\$149.00	\$176.09	\$203.90	\$298.01	\$368.96	\$774.81
UNICARE STATE INDEMNITY PLAN BASIC/WITHOUT CIC	INDEMNITY	COBRA		75%	25%	25%	25%	25%	25%	25%	25%
Individual			\$1,107.42	\$830.57	\$276.86	\$63.89	\$75.51	\$87.43	\$127.78	\$158.20	\$332.23
Family			\$2,454.41	\$1,840.81	\$613.60	\$141.60	\$167.35	\$193.77	\$283.20	\$350.63	\$736.32
UNICARE STATE INDEMNITY PLAN COMMUNITY CHOICE	PPO-TYPE	COBRA		75%	25%	25%	25%	25%	25%	25%	25%
Individual			\$552.57	\$414.43	\$138.14	\$31.88	\$37.68	\$43.62	\$63.76	\$78.94	\$165.77
Family			\$1,368.05	\$1,026.04	\$342.01	\$78.93	\$93.28	\$108.00	\$157.85	\$195.44	\$410.42
UNICARE STATE INDEMNITY PLAN PLUS	PPO-TYPE	COBRA		75%	25%	25%	25%	25%	25%	25%	25%
Individual			\$723.74	\$542.81	\$180.94	\$41.75	\$49.35	\$57.14	\$83.51	\$103.39	\$217.12
Family			\$1,722.50	\$1,291.88	\$430.63	\$99.38	\$117.44	\$135.99	\$198.75	\$246.07	\$516.75
DENTAL											
DELTA DENTAL PPO PLUS PREMIER HIGH		COBRA		15%	85%	85%	85%	85%	85%	85%	85%
Individual	\$1250 Cal. Year Max.		\$39.99	\$6.00	\$33.99	\$7.84	\$9.27	\$10.73	\$15.69	\$19.42	\$40.79
Family	\$1250 Cal. Year Max.		\$103.45	\$15.52	\$87.93	\$20.29	\$23.98	\$27.77	\$40.58	\$50.25	\$105.52
DELTA DENTAL PPO PLUS PREMIER LOW		COBRA		15%	85%	85%	85%	85%	85%	85%	85%
Individual	\$1000 Cal. Year Max.		\$38.57	\$5.79	\$32.78	\$7.57	\$8.94	\$10.35	\$15.13	\$18.73	\$39.34
Family	\$1000 Cal. Year Max.		\$99.61	\$14.94	\$84.67	\$19.54	\$23.09	\$26.74	\$39.08	\$48.38	\$101.60

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VISION

		Actual Monthly Rate	Employer Share	Employee Share	52 Week Employee	26 Week Employee	44 Week Employee	38 Week Employee	21 Week Employee	10 Month Employee
EYEMED (INSIGHT NETWORK)				100%	100%	100%	100%	100%	100%	100%
Individual	Deducted once per month	Employees & Retirees	\$6.26	\$0.00	\$6.26	\$6.26	\$6.26	\$7.51	\$7.51	\$7.51
Family	Deducted once per month	Employees & Retirees	\$18.42	\$0.00	\$18.42	\$18.42	\$18.42	\$22.10	\$22.10	\$22.10

SUPPLEMENTAL LIFE INSURANCE

LIFE INSURANCE (Deducted once per month)	ACTUAL MONTHLY RATE	CITY MONTHLY RATE	MONTHLY EMPLOYEE/RETIREE SHARE	SHARE FOR 10 MONTH 44, 38 & 21 WEEK
Basic Life		75%	25%	
Active Employees \$7,500	\$7.42	\$5.57	\$1.86	\$2.23
Retirees \$5,000	\$4.95	\$3.71	\$1.24	

Employee may choose in units of \$10K up to 5 times annual salary with a maximum of \$500K. Employee may insure spouse in units of \$5K. Employee may insure spouse in units of \$5K up to a maximum of \$250K but not to exceed 50% of employees elected coverage amount.

*****Group voluntary life insurance terminates at retirement.

MEDICARE SUPPLEMENTAL PLANS (RETIRES AND SPOUSES)	ACTUAL MONTHLY RATE	TOWN MONTHLY SHARE	MONTHLY RETIREE SHARE
HARVARD PILGRIM MEDICARE ENHANCED - INDEMNITY	\$404.04	75% \$303.03	25% \$101.01
HEALTH NEW ENGLAND MED PLUS INDEMNITY	\$404.80	75% \$303.60	25% \$101.20
TUFTS HEALTH PLAN MEDICARE COMPLEMENT INDEMNITY	\$383.88	75% \$287.91	25% \$95.97
TUFTS MEDICARE PREFERRED*	\$325.13	84% \$273.11	16% \$52.02
UNICARE STATE INDEMNITY PLAN MEDICARE EXT. WITH CIC	\$399.86	75% \$299.90	25% \$99.97
UNICARE STATE INDEMNITY PLAN MEDICARE EXT. WITHOUT CIC	\$388.80	75% \$291.60	25% \$97.20

Eligibility:

Active employees: All Benefits

Retirees: Health, Dental, and Vision Insurance

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