

GIC HEALTH, DENTAL and LIFE INSURANCE RATES EFFECTIVE 01/01/2017

MEDICAL			ACTUAL MONTHLY RATE	TOWN MONTHLY SHARE	MONTHLY EMPLOYEE SHARE	52 WEEKS EMPLOYEE SHARE	44 WEEKS EMPLOYEE SHARE	42 WEEKS EMPLOYEE SHARE	38 WEEKS EMPLOYEE SHARE	26 WEEKS EMPLOYEE SHARE	21 WEEKS EMPLOYEE SHARE	10 MONTH EMPLOYEE SHARE
PLAN NAME		COBRA										
FALLON HEALTH DIRECT CARE	HMO	COBRA		84%	16%	16%	16%	16%	16%	16%	16%	16%
Individual		\$519.74	\$519.74	\$436.58	\$83.16	\$19.19	\$22.68	\$23.76	\$26.26	\$38.38	\$47.52	\$99.79
Family		\$1,247.40	\$1,247.40	\$1,047.82	\$199.58	\$46.06	\$54.43	\$57.02	\$63.03	\$92.12	\$114.05	\$239.50
FALLON HEALTH SELECT CARE	HMO	COBRA		84%	16%	16%	16%	16%	16%	16%	16%	16%
Individual		\$690.66	\$690.66	\$580.15	\$110.51	\$25.50	\$30.14	\$31.57	\$34.90	\$51.00	\$63.15	\$132.61
Family		\$1,657.54	\$1,657.54	\$1,392.33	\$265.21	\$61.20	\$72.33	\$75.77	\$83.75	\$122.40	\$151.55	\$318.25
HARVARD PILGRIM INDEPENDENCE	POS	COBRA		77.5%	22.5%	22.5%	22.5%	22.5%	22.5%	22.5%	22.5%	22.5%
Individual (CLOSED TO NEW MEMBERS)		\$816.43	\$816.43	\$632.73	\$183.70	\$42.39	\$50.10	\$52.48	\$58.01	\$84.78	\$104.97	\$220.44
Family (CLOSED TO NEW MEMBERS)		\$1,992.07	\$1,992.07	\$1,543.85	\$448.22	\$103.43	\$122.24	\$128.06	\$141.54	\$206.87	\$256.12	\$537.86
HARVARD PILGRIM PRIMARY CHOICE	HMO	COBRA		84%	16%	16%	16%	16%	16%	16%	16%	16%
Individual		\$610.40	\$610.40	\$512.74	\$97.66	\$22.54	\$26.64	\$27.90	\$30.84	\$45.08	\$55.81	\$117.20
Family		\$1,489.38	\$1,489.38	\$1,251.08	\$238.30	\$54.99	\$64.99	\$68.09	\$75.25	\$109.98	\$136.17	\$285.96
HEALTH NEW ENGLAND	HMO	COBRA		84%	16%	16%	16%	16%	16%	16%	16%	16%
Individual		\$534.87	\$534.87	\$449.29	\$85.58	\$19.75	\$23.34	\$24.45	\$27.03	\$39.50	\$48.90	\$102.70
Family		\$1,326.04	\$1,326.04	\$1,113.87	\$212.17	\$48.96	\$57.86	\$60.62	\$67.00	\$97.92	\$121.24	\$254.60
NHP CARE (NEIGHBORHOOD HEALTH PLAN)	HMO	COBRA		84%	16%	16%	16%	16%	16%	16%	16%	16%
Individual		\$512.21	\$512.21	\$430.26	\$81.95	\$18.91	\$22.35	\$23.42	\$25.88	\$37.82	\$46.83	\$98.34
Family		\$1,357.32	\$1,357.32	\$1,140.15	\$217.17	\$50.12	\$59.23	\$62.05	\$68.58	\$100.23	\$124.10	\$260.61
TUFTS HEALTH PLAN NAVIGATOR	POS	COBRA		77.5%	22.5%	22.5%	22.5%	22.5%	22.5%	22.5%	22.5%	22.5%
Individual		\$686.34	\$686.34	\$531.91	\$154.43	\$35.64	\$42.12	\$44.12	\$48.77	\$71.27	\$88.24	\$185.31
Family		\$1,674.68	\$1,674.68	\$1,297.88	\$376.80	\$86.95	\$102.76	\$107.66	\$118.99	\$173.91	\$215.32	\$452.16
TUFTS HEALTH PLAN SPIRIT	HMO-TYPE	COBRA		84%	16%	16%	16%	16%	16%	16%	16%	16%
Individual		\$515.32	\$515.32	\$432.87	\$82.45	\$19.03	\$22.49	\$23.56	\$26.04	\$38.05	\$47.11	\$98.94
Family		\$1,240.52	\$1,240.52	\$1,042.04	\$198.48	\$45.80	\$54.13	\$56.71	\$62.68	\$91.61	\$113.42	\$238.18
UNICARE STATE INDEMNITY PLAN BASIC/WITH CIC (COMPREHENSIVE)	INDEMNITY	COBRA		75%	25%	25%	25%	25%	25%	25%	25%	25%
Individual		\$1,002.41	\$1,002.41	\$751.81	\$250.60	\$57.83	\$68.35	\$71.60	\$79.14	\$115.66	\$143.20	\$300.72
Family		\$2,346.44	\$2,346.44	\$1,759.83	\$586.61	\$135.37	\$159.98	\$167.60	\$185.25	\$270.74	\$335.21	\$703.93
UNICARE STATE INDEMNITY PLAN BASIC/WITHOUT CIC	INDEMNITY	COBRA		75%	25%	25%	25%	25%	25%	25%	25%	25%
Individual		\$1,002.41	\$959.09	\$719.32	\$239.77	\$55.33	\$65.39	\$68.51	\$75.72	\$110.66	\$137.01	\$287.73
Family		\$2,346.44	\$2,245.96	\$1,684.47	\$561.49	\$129.57	\$153.13	\$160.43	\$177.31	\$259.15	\$320.85	\$673.79
UNICARE STATE INDEMNITY PLAN COMMUNITY CHOICE	PPO-TYPE	COBRA		75%	25%	25%	25%	25%	25%	25%	25%	25%
Individual		\$487.63	\$487.63	\$365.72	\$121.91	\$28.13	\$33.25	\$34.83	\$38.50	\$56.27	\$69.66	\$146.29
Family		\$1,170.35	\$1,170.35	\$877.76	\$292.59	\$67.52	\$79.80	\$83.60	\$92.40	\$135.04	\$167.19	\$351.11
UNICARE STATE INDEMNITY PLAN PLUS	PPO-TYPE	COBRA		75%	25%	25%	25%	25%	25%	25%	25%	25%
Individual		\$655.32	\$655.32	\$491.49	\$163.83	\$37.81	\$44.68	\$46.81	\$51.74	\$75.61	\$93.62	\$196.60
Family		\$1,566.13	\$1,566.13	\$1,174.60	\$391.53	\$90.35	\$106.78	\$111.87	\$123.64	\$180.71	\$223.73	\$469.84
DENTAL												
Dental Blue		COBRA		15%	85%	85%	85%	85%	85%	85%	85%	85%
Individual		\$38.85	\$38.09	\$5.71	\$32.38	\$7.47	\$8.83	\$9.25	\$10.22	\$14.94	\$18.50	\$38.85
Family		\$100.36	\$98.39	\$14.76	\$83.63	\$19.30	\$22.81	\$23.89	\$26.41	\$38.60	\$47.79	\$100.36
Dental Blue PPO		COBRA		15%	85%	85%	85%	85%	85%	85%	85%	85%
Individual		\$38.85	\$38.09	\$5.71	\$32.38	\$7.47	\$8.83	\$9.25	\$10.22	\$14.94	\$18.50	\$38.85
Family		\$100.36	\$98.39	\$14.76	\$83.63	\$19.30	\$22.81	\$23.89	\$26.41	\$38.60	\$47.79	\$100.36

LIFE INSURANCE	ACTUAL MONTHLY RATE	TOWN MONTHLY RATE	MONTHLY EMPLOYEE/ RETIREE SHARE	MONTHLY SHARE FOR 10 MONTH 44, 42, 38, & 21 WEEK	TOTAL FAMILY UNIT PLANS (COVERS ALL ELIGIBLE DEPENDENT CHILDREN IN A FAM	
					Plan 1 @ \$5,000 Plan 2 @ \$10,000	Monthly \$0.95 \$1.90
Basic Life		75%	25%			
Active Employees \$7,500	\$7.43	\$5.57	\$1.86	\$2.23		
Retirees \$5,000	\$4.95	\$3.71	\$1.24			

OPTIONAL SUPPLEMENTAL INSURANCE PLAN DEPENDS ON DOLLAR AMOUNT THAT EMPLOYEE CHOOSES. UP TO 5 TIMES ANNUAL SALARY COVERAGE MAY NOT EXCEED \$500,000. YOU MAY COVER SPOUSES UP TO \$250,000.

MEDICARE SUPPLEMENTAL PLANS (RETIRES AND SPOUSES)	ACTUAL MONTHLY RATE	TOWN MONTHLY SHARE	MONTHLY RETIREE SHARE
FALLON SENIOR PLAN HMO*	\$336.17	84% \$282.38	16% \$53.79
HARVARD PILGRIM MEDICARE ENHANCED - INDEMNITY	\$439.17	75% \$329.38	25% \$109.79
HEALTH NEW ENGLAND MED PLUS HMO	\$410.96	84% \$345.21	16% \$65.75
TUFTS HEALTH PLAN MEDICARE COMPLEMENT HMO	\$398.39	84% \$334.65	16% \$63.74
TUFTS MEDICARE PREFERRED*	\$301.05	84% \$252.88	16% \$48.17
UNICARE STATE INDEMNITY PLAN MEDICARE EXT. WITH CIC	\$374.63	75% \$280.97	25% \$93.66
UNICARE STATE INDEMNITY PLAN MEDICARE EXT. WITHOUT CIC	\$363.94	75% \$272.96	25% \$90.99

AGES

Under 35
35 - 39
40 - 44
45 - 49
50 - 54
55 - 59
60 - 64
65 - 69
70 - 74

MONTHLY

\$1.20 per 10 thousand
\$1.50 per 10 thousand
\$2.20 per 10 thousand
\$3.10 per 10 thousand
\$5.00 per 10 thousand
\$8.20 per 10 thousand
\$11.70 per 10 thousand
\$18.70 per 10 thousand
\$43.70 per 10 thousand

GROUP OPTIONAL INSURANCE - Active Employees and Retirees
GROUP VOLUNTARY/DEPENDENT INSURANCE - Active Employees
NON-GROUP PLAN C - Active Employees and Retirees
NON-GROUP CANCER INSURANCE - Active Employees and Retirees
NON-GROUP DISABILITY INSURANCE - Active Employees

Benefits and rates of Fallon Senior Plan and Tufts Health Plan Medicare Preferred are subject to federal approval and may change January 1, 2017.