Health Insurance Rates
Rates eff. 7/1/2018

	Individual Coverage								Family Coverage							
Teachers Who Retired Before November 24, 2008, Employees and Non-Medicare Retirees/Survivors	**Monthly Premium %**	**Employee Monthly Premium Cost**	**10 month Premiums**	**52 Week Premiums**	**41 Week Premiums**	**39 Week Premiums**	**26 Week Premiums**	**21 Week Premiums**	**Total Plan Premium Cost**	**Employee Monthly Premium Cost**	**10 month Premiums**	**52 Week Premiums**	**41 Week Premiums**	**39 Week Premiums**	**26 Week Premiums**	**21 Week Premiums**
Fallon Community Health Plan Direct Care	17.75%	$ 100.52	$ 120.63	$ 23.20	$ 29.43	$ 30.93	$ 46.40	$ 57.44	17.75%	$ 252.59	$ 303.11	$ 58.29	$ 73.93	$ 77.72	$ 116.58	$ 144.34
Fallon Community Health Plan Select Care	17.75%	$ 135.90	$ 163.08	$ 31.37	$ 39.78	$ 41.82	$ 62.73	$ 77.66	17.75%	$ 329.37	$ 395.25	$ 76.01	$ 96.41	$ 101.35	$ 152.02	$ 188.22
Harvard Pilgrim Independence Plan	17.75%	$ 146.74	$ 176.09	$ 33.87	$ 42.95	$ 45.16	$ 67.73	$ 83.86	17.75%	$ 356.67	$ 428.01	$ 82.31	$ 104.40	$ 109.75	$ 164.62	$ 203.82
Harvard Pilgrim Primary Choice	17.75%	$ 107.08	$ 128.50	$ 24.72	$ 31.35	$ 32.95	$ 49.43	$ 61.19	17.75%	$ 271.42	$ 325.71	$ 62.64	$ 79.44	$ 83.52	$ 125.28	$ 155.10
Health New England	17.75%	$ 97.80	$ 117.36	$ 22.57	$ 28.63	$ 30.10	$ 45.14	$ 55.89	17.75%	$ 231.92	$ 278.31	$ 53.52	$ 67.88	$ 71.36	$ 107.04	$ 132.53
Tufts Health Plan Navigator	17.75%	$ 131.97	$ 158.37	$ 30.46	$ 38.63	$ 40.61	$ 60.91	$ 75.42	17.75%	$ 321.61	$ 385.94	$ 74.22	$ 94.13	$ 98.96	$ 148.44	$ 183.78
Tufts Health Plan Spirit	17.75%	$ 100.16	$ 120.20	$ 23.12	$ 29.32	$ 30.82	$ 46.23	$ 57.24	17.75%	$ 240.59	$ 288.71	$ 55.53	$ 70.42	$ 74.03	$ 111.05	$ 137.48
NHP Care *(Neighborhood Health Plan)*	17.75%	$ 103.03	$ 123.64	$ 23.78	$ 30.16	$ 31.71	$ 47.56	$ 58.88	17.75%	$ 265.56	$ 318.68	$ 61.29	$ 77.73	$ 81.72	$ 122.57	$ 151.75
UniCare State Indemnity Plan/Basic *with CIC (Comprehensive)*	20.00%	$ 211.68	$ 254.02	$ 48.85	$ 61.96	$ 65.14	$ 97.70	$ 120.96	20.00%	$ 468.69	$ 562.43	$ 108.16	$ 137.18	$ 144.22	$ 216.32	$ 267.83
UniCare State Indemnity Plan/Basic *without CIC (Non-Comprehensive)*	20.00%	$ 201.94	$ 242.33	$ 46.61	$ 59.11	$ 62.14	$ 93.21	$ 115.40	20.00%	$ 446.51	$ 535.82	$ 103.05	$ 130.69	$ 137.39	$ 206.09	$ 255.15
UniCare State Indemnity Plan/ Community Choice	17.75%	$ 89.14	$ 106.97	$ 20.58	$ 26.09	$ 27.43	$ 41.15	$ 50.94	17.75%	$ 219.49	$ 263.39	$ 50.66	$ 64.25	$ 67.54	$ 101.31	$ 125.43
UniCare State Indemnity Plan/PLUS	17.75%	$ 123.56	$ 148.28	$ 28.52	$ 36.17	$ 38.02	$ 57.03	$ 70.61	17.75%	$ 293.69	$ 352.43	$ 67.78	$ 85.96	$ 90.37	$ 135.55	$ 167.83

	Individual Coverage	
Teachers Who Retired Before November 24, 2008, Retirees and Survivors	**Monthly Premium %**	**Monthly Premium Cost**
Fallon Senior Plan (NO LONGER AVAILABLE	12.50%	$ -
Harvard Pilgrim Medicare Enhance	12.50%	$ 47.83
Health New England MedPlus	12.50%	$ 48.36
Tufts Health Plan Medicare Complement	12.50%	$ 45.22
Tufts Health Plan Medicare Preferred	12.50%	$ 41.51
UniCare State Indemnity Plan/Medicare Extension (OME) *with CIC (Comprehensive)*	12.50%	$ 47.46
UniCare State Indemnity Plan/Medicare Extension (OME) *without CIC (Non-Comprehensive)*	12.50%	$ 46.08

Non Medicare Health and Prescription Drug Deductible

All GIC Employee, Retiree, Survivor Non Medicare health plans include a deductible that applies to certain services. Before the plan will pay for these services, members are responsible for paying provider(s) up to the deductible maximum. This is a separate charge from any copays.

***Annual Deductible for Health and Prescription Non Medicare plans run July 1 through June 30th of each year.**