

## GIC Health Plan Rates

### MONTHLY RATES AS OF JULY 1, 2016 FOR THE TOWN OF HOLDEN ENROLLEES

INCLUDING THE 0.35 % ADMINISTRATIVE FEE

#### Employees & Non-Medicare Eligible Retirees

Insurance Type	Total Premium per Month	Employees hired before 7/1/09*			Employees hired after 7/1/09*		
		Town Share per Month	Empl/Ret Pays Per Month	Employee Pays Biweekly	Town Share per Month	Empl/Ret Pays Per Month	Employee Pays Biweekly
Fallon Direct Family-HMO	1,247.40	997.92	249.48	124.74	935.54	311.86	155.93
Fallon Direct Individual-HMO	519.74	415.78	103.96	51.98	389.80	129.94	64.97
Fallon Select Family-HMO	1,657.54	1,326.04	331.50	165.75	1,243.16	414.38	207.19
Fallon Select Individual-HMO	690.66	552.52	138.14	69.07	518.00	172.66	86.33
Harvard Pilgrim Independence Fam-POS	1,992.07	996.03	996.04	498.02	996.03	996.04	498.02
Harvard Pilgrim Independence Ind-POS	816.43	408.21	408.22	204.11	408.21	408.22	204.11
Harvard Pilgrim Primary Choice Fam-HMO	1,489.38	1,191.50	297.88	148.94	1,117.04	372.34	186.17
Harvard Pilgrim Primary Choice Ind-HMO	610.40	488.32	122.08	61.04	457.80	152.60	76.30
Health New England Fam-HMO	1,326.04	1,060.84	265.20	132.60	994.52	331.52	165.76
Health New England Ind-HMO	534.87	427.89	106.98	53.49	401.15	133.72	66.86
NHP Prime Family-HMO	1,357.32	1,085.86	271.46	135.73	1,017.98	339.34	169.67
NHP Prime Individual-HMO	512.21	409.77	102.44	51.22	384.15	128.06	64.03
Tufts Health Plan Navigator Fam-POS	1,674.68	837.34	837.34	418.67	837.34	837.34	418.67
Tufts Health Plan Navigator Ind-POS	686.34	343.16	343.18	171.59	343.16	343.18	171.59
Tufts Health Plan Spirit Fam-HMO type	1,240.52	992.42	248.10	124.05	930.38	310.14	155.07
Tufts Health Plan Spirit Ind-HMO type	515.32	412.26	103.06	51.53	386.48	128.84	64.42
UniCare State Indemnity Plan/Basic with CIC (Comprehensive) Family	2,346.44	1,173.22	1,173.22	586.61	1,173.22	1,173.22	586.61
UniCare State Indemnity Plan/Basic with CIC (Comprehensive) Individual	1,002.41	501.19	501.22	250.61	501.19	501.22	250.61
UniCare State Indemnity Plan/Basic without CIC (Non-Comprehensive) Family	2,245.96	1,122.98	1,122.98	561.49	1,122.98	1,122.98	561.49
UniCare State Indemnity Plan/Basic without CIC (Non-Comprehensive) Indiv	959.09	479.53	479.56	239.78	479.53	479.56	239.78
UniCare State Indemnity Plan/Community Choice Family-PPO type	1,170.35	585.17	585.18	292.59	585.17	585.18	292.59
UniCare State Indemnity Plan/Community Choice Indiv-PPO type	487.63	243.81	243.82	121.91	243.81	243.82	121.91
UniCare State Indemnity Plan/PLUS Family - PPO type	1,566.13	783.05	783.08	391.54	783.05	783.08	391.54
UniCare State Indemnity Plan/PLUS Indiv - PPO type	655.32	327.66	327.66	163.83	327.66	327.66	163.83

\*HMO split Town 80/Employee 20 for employees hired before 7/1/2009

\*\*HMO split Town 75/Employee 25 for employees hired after 7/1/2009

PPO, POS and Indemnity Plans split 50/50

*Rates are calculated by the Town of Holden Benefits Office.*

**RATE QUESTIONS? CALL: 508 210 5511**

## GIC Health Plan Rates

**MONTHLY RATES AS OF JULY 1, 2016  
FOR THE TOWN OF HOLDEN ENROLLEES**

**INCLUDING THE 0.35 % ADMINISTRATIVE FEE**

### Medicare Eligible Retirees & Survivors

Insurance Type	Total Premium per Month	Town Share per Month	Retiree Pays Per Plan Monthly	Retiree Pays Per Plan Quarterly	*Surviving Spouse Pays Per Plan Monthly	*Surviving Spouse Pays Per Plan Quarterly
+Fallon Senior Plan HMO***	311.54	230.54	81.00	243.00	311.54	934.62
Harvard Pilgrim Medicare Enhance-Indemnity**	439.17	219.58	219.59	658.77	439.17	1,317.51
Health New England MedPlus HMO***	410.96	304.11	106.85	320.55	410.96	1,232.88
Tufts Health Plan Medicare Complement	398.39	294.81	103.58	310.74	398.39	1,195.17
+Tufts Health Plan Medicare Preferred**** HMO	276.46	204.58	71.88	215.64	276.46	829.38
UniCare state Indemnity Plan/Medicare Extension (OME) with CIC (Comprehensive)	374.63	187.31	187.32	561.96	374.63	1,123.89
UniCare state Indemnity Plan/Medicare Extension (OME) without CIC (Non-Comprehensive)	363.94	181.97	181.97	545.91	363.94	1,091.82

\*\*\* Senior Plan HMO split Town 74%/Retiree 26%

\*\* Senior Plan PPO & Indemnity Plan split Town 50%/Retiree 50%

\* Surviving Spouses pay full cost for coverage

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

<b>GIC RETIREE DENTAL PLAN</b>	
<i>Includes 0.35 % Administrative Fee</i>	
<b>Monthly GIC Plan Rates as of July 1, 2016</b>	
\$1,250 Maximum Annual Benefit Per Member	
Coverage Type	Retiree Pays Monthly
Single	\$29.47
Family	\$71.00

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