

GIC Health Plan Rates

MONTHLY RATES AS OF JULY 1, 2017 FOR THE TOWN OF ARLINGTON ENROLLEES

Active Employees and Retirees without Medicare (Includes Public Safety-Police/Fire)

| | Employee and Non-Medicare Retiree Pays Monthly % | Employee and Non-Medicare Retiree Pays Monthly \$ | Employee and Non-Medicare Retiree Pays Monthly \$ |
|---|--|---|---|
| Health Plan | | Individual Coverage | Family Coverage |
| Fallon Health Direct Care | 15% | 83.20 | 199.68 |
| Fallon Health Select Care (Closed to New Members) | 15% | 110.56 | 265.33 |
| Harvard Pilgrim Independence Plan (Closed to New Members) | 20% | 164.85 | 402.22 |
| Harvard Pilgrim Primary Choice Plan | 15% | 93.10 | 227.18 |
| Health New England | 15% | 82.22 | 203.85 |
| NHP Prime (Neighborhood Health Plan) | 15% | 83.11 | 220.23 |
| Tufts Health Plan Navigator (Closed to New Members) | 20% | 145.77 | 355.68 |
| Tufts Health Plan Spirit | 15% | 82.99 | 199.79 |
| UniCare State Indemnity Plan/Basic <i>with CIC (Comprehensive)</i> | 25% | 259.70 | 607.63 |
| UniCare State Indemnity Plan/Basic <i>without CIC (Non-Comprehensive)</i> | 25% | 247.95 | 580.38 |
| UniCare State Indemnity Plan/Community Choice | 20% | 104.12 | 249.89 |
| UniCare State Indemnity Plan/PLUS | 20% | 138.64 | 331.23 |

Retirees with Medicare

| | Retiree Retiree Pays Monthly Per Person | |
|--|--|--------|
| Health Plan | % | \$ |
| Fallon Senior Plan* | 15% | 54.49 |
| Harvard Pilgrim Medicare Enhance | 25% | 105.76 |
| Health New England MedPlus | 15% | 59.22 |
| Tufts Health Plan Medicare Complement | 15% | 57.34 |
| Tufts Health Plan Medicare Preferred* | 15% | 47.41 |
| UniCare State Indemnity Plan/Medicare Extension (OME) <i>with CIC (Comprehensive)</i> | 25% | 95.16 |
| UniCare State Indemnity Plan/Medicare Extension (OME) <i>without CIC (Non-Comprehensive)</i> | 25% | 92.48 |

* RATE CHANGE EFFECTIVE JANUARY 1, 2018

Rates are calculated by the Town of Arlington Human Resources Department

**RATE QUESTIONS?
CALL: 781-316-3120**

GIC Health Plan Rates

MONTHLY RATES AS OF JULY 1, 2017 FOR THE TOWN OF ARLINGTON ENROLLEES

Survivors without Medicare

| | Survivor Pays Monthly % | Survivor Pays Monthly \$ | Survivor Pays Monthly \$ |
|--|----------------------------|--------------------------------|-----------------------------|
| Health Plan | | Individual Coverage | Family Coverage |
| Fallon Health Direct Care | 50% | 277.32 | 665.60 |
| Fallon Health Select Care (Closed to New Members) | 50% | 368.53 | 884.44 |
| Harvard Pilgrim Independence Plan (Closed to New Members) | 50% | 412.11 | 1005.55 |
| Harvard Pilgrim Primary Choice Plan | 50% | 310.35 | 757.26 |
| Health New England | 50% | 274.07 | 679.49 |
| NHP Prime (Neighborhood Health Plan) | 50% | 277.02 | 734.11 |
| Tufts Health Plan Navigator (Closed to New Members) | 50% | 364.42 | 889.20 |
| Tufts Health Plan Spirit | 50% | 276.63 | 665.96 |
| UniCare State Indemnity Plan/Basic <i>with</i> CIC (<i>Comprehensive</i>) | 50% | 519.40 | 1215.27 |
| UniCare State Indemnity Plan/Basic <i>without</i> CIC (<i>Non-Comprehensive</i>) | 50% | 495.90 | 1160.76 |
| UniCare State Indemnity Plan/Community Choice | 50% | 260.29 | 624.73 |
| UniCare State Indemnity Plan/PLUS | 50% | 346.60 | 828.06 |

Survivors with Medicare

| Health Plan | Survivor Survivor Pays Monthly Per Person | |
|---|--|--------|
| | % | \$ |
| Fallon Senior Plan* | 50% | 181.64 |
| Harvard Pilgrim Medicare Enhance | 50% | 211.52 |
| Health New England MedPlus | 50% | 197.42 |
| Tufts Health Plan Medicare Complement | 50% | 191.13 |
| Tufts Health Plan Medicare Preferred* | 50% | 158.05 |
| UniCare State Indemnity Plan/Medicare Extension (OME) <i>with</i> CIC (<i>Comprehensive</i>) | 50% | 190.32 |
| UniCare State Indemnity Plan/Medicare Extension (OME) <i>without</i> CIC (<i>Non-Comprehensive</i>) | 50% | 184.95 |

*RATE CHANGE EFFECTIVE JANUARY 1, 2018

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GIC Health Plan Rates
MONTHLY RATES AS OF JULY 1, 2017
FOR THE TOWN OF ARLINGTON ENROLLEES HIRED *on or after 12/1/11*

Active Employees and Retirees without Medicare
(Includes Public Safety-Police/Fire)

| | Employee and Non-Medicare Retiree Pays Monthly % | Employee and Non-Medicare Retiree Pays Monthly \$ | Employee and Non-Medicare Retiree Pays Monthly \$ |
|---|---|--|--|
| Health Plan | | Individual Coverage | Family Coverage |
| Fallon Health Direct Care | 25% | 138.66 | 332.80 |
| Fallon Health Select Care (Closed to New Members) | 25% | 184.26 | 442.22 |
| Harvard Pilgrim Independence Plan (Closed to New Members) | 25% | 206.06 | 502.77 |
| Harvard Pilgrim Primary Choice Plan | 25% | 155.17 | 378.63 |
| Health New England | 25% | 137.04 | 339.74 |
| NHP Prime (Neighborhood Health Plan) | 25% | 138.51 | 367.05 |
| Tufts Health Plan Navigator (Closed to New Members) | 25% | 182.21 | 444.60 |
| Tufts Health Plan Spirit | 25% | 138.32 | 332.98 |
| UniCare State Indemnity Plan/Basic <i>with CIC (Comprehensive)</i> | 25% | 259.70 | 607.63 |
| UniCare State Indemnity Plan/Basic <i>without CIC (Non-Comprehensive)</i> | 25% | 247.95 | 580.38 |
| UniCare State Indemnity Plan/Community Choice | 25% | 130.15 | 312.36 |
| UniCare State Indemnity Plan/PLUS | 25% | 173.30 | 414.03 |

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| RATE QUESTIONS? CALL: 781-316-3120 |
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