

GIC Health Plan Rates

MONTHLY RATES AS OF JULY 1, 2018 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%	84.92	213.44
Fallon Health Select Care	15%	114.84	278.32
Harvard Pilgrim Independence Plan	20%	165.32	401.88
Harvard Pilgrim Primary Choice Plan	15%	90.48	229.36
Health New England	15%	82.64	195.96
NHP Prime (Neighborhood Health Plan)	15%	87.04	224.40
Tufts Health Plan Navigator	20%	148.68	362.36
Tufts Health Plan Spirit	15%	84.60	203.28
UniCare State Indemnity Plan/Basic <i>with CIC (Comprehensive)</i>	25%	264.56	585.84
UniCare State Indemnity Plan/Basic <i>without CIC (Non-Comprehensive)</i>	25%	252.40	558.12
UniCare State Indemnity Plan/Community Choice	20%	100.40	247.28
UniCare State Indemnity Plan/PLUS	20%	139.20	330.88

Retirees with Medicare

	Retiree Retiree Pays Monthly Per Person	
Health Plan	%	\$
Harvard Pilgrim Medicare Enhance	25%	95.64
Health New England MedPlus	25%	96.68
Tufts Health Plan Medicare Complement**	25%	90.40
Tufts Health Plan Medicare Preferred*	15%	48.28
UniCare State Indemnity Plan/Medicare Extension (OME) <i>with CIC (Comprehensive)</i>	25%	94.88
UniCare State Indemnity Plan/Medicare Extension (OME) <i>without CIC (Non-Comprehensive)</i>	25%	92.12

*RATE CHANGE EFFECTIVE JANUARY 1, 2019

**Plan has been reclassified as an Indemnity Plan. Please refer to GIC 2018-2019 Benefit Decision Guide.

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, 2018 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%	283.14	711.49
Fallon Health Select Care	50%	382.81	927.77
Harvard Pilgrim Independence Plan	50%	413.34	1,004.70
Harvard Pilgrim Primary Choice Plan	50%	301.61	764.55
Health New England	50%	275.48	653.27
NHP Prime (Neighborhood Health Plan)	50%	290.21	748.05
Tufts Health Plan Navigator	50%	371.72	905.93
Tufts Health Plan Spirit	50%	282.12	677.71
UniCare State Indemnity Plan/Basic <i>with CIC (Comprehensive)</i>	50%	529.19	1,171.72
UniCare State Indemnity Plan/Basic <i>without CIC (Non-Comprehensive)</i>	50%	504.83	1,116.26
UniCare State Indemnity Plan/Community Choice	50%	251.08	618.26
UniCare State Indemnity Plan/PLUS	50%	348.04	827.27

Survivors with Medicare

	Survivor Survivor Pays Monthly Per Person	
Health Plan	%	\$
Harvard Pilgrim Medicare Enhance	50%	191.29
Health New England MedPlus	50%	193.41
Tufts Health Plan Medicare Complement	50%	180.86
Tufts Health Plan Medicare Preferred*	50%	160.98
UniCare State Indemnity Plan/Medicare Extension (OME) <i>with CIC (Comprehensive)</i>	50%	189.83
UniCare State Indemnity Plan/Medicare Extension (OME) <i>without CIC (Non-Comprehensive)</i>	50%	184.29

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GIC Health Plan Rates
MONTHLY RATES AS OF JULY 1, 2018
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%	141.56	355.72
Fallon Health Select Care	25%	191.40	463.88
Harvard Pilgrim Independence Plan	25%	206.64	502.32
Harvard Pilgrim Primary Choice Plan	25%	150.80	382.24
Health New England	25%	137.72	326.60
NHP Prime (Neighborhood Health Plan)	25%	145.08	374.00
Tufts Health Plan Navigator	25%	185.84	452.96
Tufts Health Plan Spirit	25%	141.04	338.84
UniCare State Indemnity Plan/Basic <i>with CIC (Comprehensive)</i>	25%	264.56	585.84
UniCare State Indemnity Plan/Basic <i>without CIC (Non-Comprehensive)</i>	25%	252.40	558.12
UniCare State Indemnity Plan/Community Choice	25%	125.52	309.12
UniCare State Indemnity Plan/PLUS	25%	174.00	413.60

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