

GIC Health Plan Rates

MONTHLY RATES AS OF JULY 1, 2019 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%	90.08	227.12
Fallon Health Select Care	15%	121.76	295.76
Harvard Pilgrim Independence Plan	20%	177.92	434.28
Harvard Pilgrim Primary Choice Plan	15%	96.84	246.96
Health New England	15%	85.60	203.48
Allways Health Partners	15%	97.00	251.64
Tufts Health Plan Navigator	20%	149.52	364.40
Tufts Health Plan Spirit	15%	84.88	203.84
UniCare State Indemnity Plan/Basic <i>with CIC (Comprehensive)</i>	25%	271.52	601.64
UniCare State Indemnity Plan/Basic <i>without CIC (Non-Comprehensive)</i>	25%	258.60	572.28
UniCare State Indemnity Plan/Community Choice	20%	103.48	255.36
UniCare State Indemnity Plan/PLUS	20%	139.20	330.92

Retirees with Medicare

Health Plan	Retiree Retiree Pays Monthly Per Person	
	%	\$
Harvard Pilgrim Medicare Enhance	25%	97.76
Health New England MedPlus	25%	97.92
Tufts Health Plan Medicare Complement	25%	92.84
Tufts Health Plan Medicare Preferred*	15%	48.36
UniCare State Indemnity Plan/Medicare Extension (OME) <i>with CIC (Comprehensive)</i>	25%	96.72
UniCare State Indemnity Plan/Medicare Extension (OME) <i>without CIC (Non-Comprehensive)</i>	25%	94.04

*Benefits and rates of Tufts Health Plan Medicare Preferred are subject to federal approval and may change on January 1, 2020.

**THESE RATES APPLY TO RETIREES OF THE TOWN OF ARLINGTON WITH A HIRE DATE BEFORE 12/1/2011. FOR RETIREES HIRED ON OR AFTER 12/1/2011, RATES ARE 25% ACROSS THE BOARD.

Rates are calculated by the Town of Arlington Human Resources Department

<p>RATE QUESTIONS? CALL: 781-316-3120</p>

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Survivors without Medicare

	Survivor Pays Monthly %	Survivor Pays Monthly \$	Survivor Pays Monthly \$
Health Plan		Individual Coverage	Family Coverage
Fallon Health Direct Care	50%	300.34	757.11
Fallon Health Select Care	50%	405.89	985.94
Harvard Pilgrim Independence Plan	50%	444.82	1,085.74
Harvard Pilgrim Primary Choice Plan	50%	322.90	823.24
Health New England	50%	285.40	678.27
Allways Health Partners	50%	323.46	838.84
Tufts Health Plan Navigator	50%	373.88	911.04
Tufts Health Plan Spirit	50%	282.95	679.47
UniCare State Indemnity Plan/Basic <i>with CIC (Comprehensive)</i>	50%	543.05	1,203.29
UniCare State Indemnity Plan/Basic <i>without CIC (Non-Comprehensive)</i>	50%	517.27	1,144.59
UniCare State Indemnity Plan/Community Choice	50%	258.75	638.48
UniCare State Indemnity Plan/PLUS	50%	348.05	827.30

Survivors with Medicare

Health Plan	Survivor Survivor Pays Monthly Per Person	
	%	\$
Harvard Pilgrim Medicare Enhance	50%	195.56
Health New England MedPlus	50%	195.90
Tufts Health Plan Medicare Complement	50%	185.75
Tufts Health Plan Medicare Preferred*	50%	161.21
UniCare State Indemnity Plan/Medicare Extension (OME) <i>with CIC (Comprehensive)</i>	50%	193.46
UniCare State Indemnity Plan/Medicare Extension (OME) <i>without CIC (Non-Comprehensive)</i>	50%	188.15

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GIC Health Plan Rates
MONTHLY RATES AS OF JULY 1, 2019
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%	150.16	378.52
Fallon Health Select Care	25%	202.92	492.96
Harvard Pilgrim Independence Plan	25%	222.40	542.84
Harvard Pilgrim Primary Choice Plan	25%	161.44	411.60
Health New England	25%	142.68	339.12
Allways Health Partners	25%	161.72	419.40
Tufts Health Plan Navigator	25%	186.92	455.52
Tufts Health Plan Spirit	25%	141.44	339.72
UniCare State Indemnity Plan/Basic <i>with CIC (Comprehensive)</i>	25%	271.52	601.64
UniCare State Indemnity Plan/Basic <i>without CIC (Non-Comprehensive)</i>	25%	258.60	572.28
UniCare State Indemnity Plan/Community Choice	25%	129.36	319.24
UniCare State Indemnity Plan/PLUS	25%	174.00	413.64

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