

GIC Health Plan Rates

MONTHLY RATES AS OF JULY 1, 2020 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%	92.76	234.20
Fallon Health Select Care	15%	125.40	304.92
Harvard Pilgrim Independence Plan	20%	183.40	447.80
Harvard Pilgrim Primary Choice Plan	15%	99.80	254.52
Health New England	15%	89.12	212.20
Allways Health Partners	15%	103.16	268.40
Tufts Health Plan Navigator	20%	159.80	390.28
Tufts Health Plan Spirit	15%	91.00	219.20
UniCare State Indemnity Plan/Basic <i>with CIC (Comprehensive)</i>	25%	290.92	645.64
UniCare State Indemnity Plan/Basic <i>without CIC (Non-Comprehensive)</i>	25%	276.84	613.60
UniCare State Indemnity Plan/Community Choice	20%	110.48	273.60
UniCare State Indemnity Plan/PLUS	20%	144.72	344.48

Retirees with Medicare

	Retiree Retiree Pays Monthly Per Person	
Health Plan	%	\$
Harvard Pilgrim Medicare Enhance	25%	101.00
Health New England MedPlus	25%	101.20
Tufts Health Plan Medicare Complement	25%	95.96
Tufts Health Plan Medicare Preferred*	15%	48.76
UniCare State Indemnity Plan/Medicare Extension (OME) <i>with CIC (Comprehensive)</i>	25%	99.96
UniCare State Indemnity Plan/Medicare Extension (OME) <i>without CIC (Non-Comprehensive)</i>	25%	97.20

*Benefits and rates of Tufts Health Plan Medicare Preferred are subject to federal approval and may change on January 1, 2021.

**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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MONTHLY RATES AS OF JULY 1, 2020 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%	309.29	780.74
Fallon Health Select Care	50%	418.09	1,016.52
Harvard Pilgrim Independence Plan	50%	458.59	1,119.59
Harvard Pilgrim Primary Choice Plan	50%	332.71	848.51
Health New England	50%	297.14	707.40
Allways Health Partners	50%	343.93	894.72
Tufts Health Plan Navigator	50%	399.52	975.73
Tufts Health Plan Spirit	50%	303.34	730.77
UniCare State Indemnity Plan/Basic <i>with CIC (Comprehensive)</i>	50%	581.88	1,291.35
UniCare State Indemnity Plan/Basic <i>without CIC (Non-Comprehensive)</i>	50%	553.71	1,227.20
UniCare State Indemnity Plan/Community Choice	50%	276.28	684.02
UniCare State Indemnity Plan/PLUS	50%	361.87	861.25

Survivors with Medicare

	Survivor Survivor Pays Monthly Per Person	
Health Plan	%	
Harvard Pilgrim Medicare Enhance	50%	202.02
Health New England MedPlus	50%	202.40
Tufts Health Plan Medicare Complement	50%	191.94
Tufts Health Plan Medicare Preferred*	50%	162.56
UniCare State Indemnity Plan/Medicare Extension (OME) <i>with CIC (Comprehensive)</i>	50%	199.93
UniCare State Indemnity Plan/Medicare Extension (OME) <i>without CIC (Non-Comprehensive)</i>	50%	194.40

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GIC Health Plan Rates
MONTHLY RATES AS OF JULY 1, 2020
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%	154.64	390.36
Fallon Health Select Care	25%	209.04	508.24
Harvard Pilgrim Independence Plan	25%	229.28	559.76
Harvard Pilgrim Primary Choice Plan	25%	166.32	424.24
Health New England	25%	148.56	353.68
Allways Health Partners	25%	171.96	447.36
Tufts Health Plan Navigator	25%	199.76	487.84
Tufts Health Plan Spirit	25%	151.64	365.36
UniCare State Indemnity Plan/Basic <i>with CIC (Comprehensive)</i>	25%	290.92	645.64
UniCare State Indemnity Plan/Basic <i>without CIC (Non-Comprehensive)</i>	25%	276.84	613.60
UniCare State Indemnity Plan/Community Choice	25%	138.12	342.00
UniCare State Indemnity Plan/PLUS	25%	180.92	430.60

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