GIC HEALTH PLAN RATES
MONTHLY RATES AS OF JULY 1, 2014
FOR THE **TOWN OF MIDDLEBOROUGH** ENROLLEES

INCLUDING THE 0.40% ADMINISTRATIVE FEE

EMPLOYEE PLANS	*For All Employees Hired* ***Before July 1, 2013*** *and Certain Other Employees (see table)*		*For Certain Employees Hired* ***On or After July 1, 2013 and July 1, 2014*** *(see table)*	
	HMO Plans 80% Town 20% Employee **PPO Plans 60% Town 40% Employee** **Indemnity 60% Town 40% Employee**		**HMO Plans 70% Town 30% Employee** **PPO Plans 60% Town 40% Employee** **Indemnity 60% Town 40% Employee**	
	Employee Pays Monthly		Employee Pays Monthly	
HEALTH PLAN	**INDIVIDUAL**	**FAMILY**	**INDIVIDUAL**	**FAMILY**
Fallon Health Direct Care - HMO	$96.64	$231.96	$144.96	$347.92
Fallon Health Select Care - HMO	$123.08	$295.40	$184.64	$443.08
Harvard Pilgrim Independence Plan - PPO	$274.44	$669.68	$274.44	$669.68
Harvard Pilgrim Primary Choice Plan - HMO	$109.80	$267.88	$164.68	$401.80
Health New England - HMO	$96.40	$238.96	$144.56	$358.40
NHP Care (Neighborhood Health Plan) - HMO	$93.08	$246.68	$139.64	$370.00
Tufts Health Plan Navigator - PPO	$247.96	$599.04	$247.96	$599.04
Tufts Health Plan Spirit - HMO-type	$100.08	$241.20	$150.12	$361.80
UniCare State Indemnity Plan/Basic with CIC (Comprehensive) - Indemnity	$374.52	$874.08	$374.52	$874.08
UniCare State Indemnity Plan/Basic without CIC (Non-Comprehensive) - Indemnity	$357.52	$834.76	$357.52	$834.76
UniCare State Indemnity Plan/Community Choice - PPO-type	$182.68	$438.40	$182.68	$438.40
UniCare State Indemnity Plan/PLUS - PPO-type	$262.76	$627.08	$262.76	$627.08

Rates are calculated by the Town of Middleborough

RATE QUESTIONS? CALL: 508-946-2421

GIC HEALTH PLAN RATES
MONTHLY RATES AS OF JULY 1, 2014
FOR THE **TOWN OF MIDDLEBOROUGH** ENROLLEES

INCLUDING THE 0.40% ADMINISTRATIVE FEE

Employees – HMO Contribution Rates (based on hire date)

All Municipal Unions Except Police Unions

Prior to July 1, 2013	Family – 20.0%	Individual – 20.0%
On or after July 1, 2013	Family – 30.0%	Individual – 30.0%

Police Unions

All	Family – 20.0%	Individual – 20.0%

All School Unions Except Teachers and Mini-Bus Drivers

Prior to July 1, 2014	Family – 20.0%	Individual – 20.0%
On or after July 1, 2014	Family – 30.0%	Individual – 30.0%

Teachers

All	Family – 20.0%	Individual – 20.0%

Mini-Bus Drivers

Prior to July 1, 2013	Family – 20.0%	Individual – 20.0%
On or after July 1, 2013	Family – 30.0%	Individual – 30.0%

All Gas and Electric Unions

All	Family – 20.0%	Individual – 20.0%

School and Gas and Electric Management and Confidential Employees

All	Family – 20.0%	Individual – 20.0%

Rates are calculated by the Town of Middleborough

RATE QUESTIONS? CALL: 508-946-2421

GIC HEALTH PLAN RATES
MONTHLY RATES AS OF JULY 1, 2014
FOR THE **TOWN OF MIDDLEBOROUGH** ENROLLEES

INCLUDING THE 0.40% ADMINISTRATIVE FEE

Retirees and Survivors without Medicare

Non-Medicare Plans	Non-Medicare Retiree Pays Monthly %	Non-Medicare Retiree Pays Monthly $	Non-Medicare Retiree Pays Monthly $	Non-Medicare Survivor Pays Monthly %	Non-Medicare Survivor Pays Monthly $	Non-Medicare Survivor Pays Monthly $
Health Plan		**Individual Coverage**	**Family Coverage**		**Individual Coverage**	**Family Coverage**
Fallon Health Direct Care - HMO	20%	96.64	231.96	50%	241.61	579.85
Fallon Health Select Care - HMO	20%	123.08	295.40	50%	307.70	738.46
Harvard Pilgrim Independence Plan - PPO	40%	274.44	669.68	50%	343.06	837.10
Harvard Pilgrim Primary Choice Plan - HMO	20%	109.80	267.88	50%	274.45	669.68
Health New England - HMO	20%	96.40	238.96	50%	240.95	597.36
NHP Care *(Neighborhood Health Plan)-HMO*	20%	93.08	246.68	50%	232.71	616.67
Tufts Health Plan Navigator -PPO	40%	247.96	599.04	50%	309.94	748.80
Tufts Health Plan Spirit – HMO type	20%	100.08	241.20	50%	250.19	603.01
UniCare State Indemnity Plan/Basic with CIC *(Comprehensive) - Indemnity*	40%	374.52	874.08	50%	468.12	1,092.61
UniCare State Indemnity Plan/Basic without CIC *(Non-Comprehensive)- Indemnity*	40%	357.52	834.76	50%	446.92	1,043.43
UniCare State Indemnity Plan/ Community Choice - PPO - type	40%	182.68	438.40	50%	228.34	548.00
UniCare State Indemnity Plan/PLUS – PPO type	40%	262.76	627.08	50%	328.45	783.85

Retirees and Survivors with Medicare

Medicare Plans	Medicare Retiree Pays Monthly %	Medicare Retiree Pays Monthly $	Medicare Survivor Pays Monthly %	Medicare Survivor Pays Monthly $
Health Plan				
Fallon Senior Plan* - HMO	25%	72.70	50%	145.40
Harvard Pilgrim Medicare Enhance - Indemnity	25%	98.70	50%	197.40
Health New England MedPlus - HMO	25%	90.78	50%	181.57
Tufts Health Plan Medicare Complement - HMO	25%	87.10	50%	174.20
Tufts Health Plan Medicare Preferred* - HMO	25%	66.64	50%	133.28
UniCare State Indemnity Plan/Medicare Extension (OME) with CIC *(Comprehensive) - Indemnity*	25%	94.86	50%	189.73
UniCare State Indemnity Plan/Medicare Extension (OME) without CIC *(Non-Comprehensive) - Indemnity*	25%	92.16	50%	184.32

Benefits and rates of Fallon Senior Plan and Tufts Health Plan Medicare Preferred are subject to federal approval and may change on January 1, 2015.

Rates are calculated by the Town of Middleborough

RATE QUESTIONS? CALL: 508-946-2421

GIC HEALTH PLAN RATES
MONTHLY RATES AS OF JULY 1, 2014
FOR THE **TOWN OF MIDDLEBOROUGH** ENROLLEES

INCLUDING THE 0.40% ADMINISTRATIVE FEE

Town Management and Confidential Employees

Employee Plans	Town Management and Confidential Employees pay monthly %	Town Management and Confidential Employees pay monthly $	Town Management and Confidential Employees pay monthly $
Health Plan		**Individual Coverage**	**Family Coverage**
Fallon Health Direct Care – HMO	25%	120.80	289.92
Fallon Health Select Care - HMO	25%	153.84	369.24
Harvard Pilgrim Independence Plan - PPO	40%	274.44	669.68
Harvard Pilgrim Primary Choice Plan - HMO	25%	137.24	334.84
Health New England - HMO	25%	120.48	298.68
NHP Care *(Neighborhood Health Plan)- HMO*	25%	116.36	308.36
Tufts Health Plan Navigator - PPO	40%	247.96	599.04
Tufts Health Plan Spirit – HMO - type	25%	125.08	301.52
UniCare State Indemnity Plan/Basic with CIC *(Comprehensive) - Indemnity*	40%	374.52	874.08
UniCare State Indemnity Plan/Basic without CIC *(Non-Comprehensive) -Indemnity*	40%	357.52	834.76
UniCare State Indemnity Plan/ Community Choice PPO- type	40%	182.68	438.40
UniCare State Indemnity Plan/PLUS PPO-type	40%	262.76	627.08

Rates are calculated by the Town of Middleborough

RATE QUESTIONS? CALL: 508-946-2421