GIC HEALTH PLAN RATES
MONTHLY RATES AS OF JULY 1, 2016
FOR THE **TOWN OF MIDDLEBOROUGH** ENROLLEES

INCLUDING THE 0.35% ADMINISTRATIVE FEE

EMPLOYEES	*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 POS Plans 60% Town 40% Employee PPO Plans 60% Town 40% Employee Indemnity Non Medicare Plans 60% Town 40% Employee		**HMO Plans 70% Town 30% Employee POS Plans 60% Town 40% Employee PPO Plans 60% Town 40% Employee Indemnity Non Medicare Plans 60% Town 40% Employee**	
	Employee Pays Monthly		Employee Pays Monthly	
HEALTH PLAN	**INDIVIDUAL**	**FAMILY**	**INDIVIDUAL**	**FAMILY**
Fallon Health Direct Care - HMO	$103.96	$249.48	$155.92	$374.24
Fallon Health Select Care - HMO	$138.12	$331.52	$207.20	$497.24
Harvard Pilgrim Independence Plan - POS	$326.56	$796.84	$326.56	$796.84
Harvard Pilgrim Primary Choice Plan - HMO	$122.08	$297.88	$183.12	$446.80
Health New England - HMO	$106.96	$265.24	$160.44	$397.80
NHP Prime (Neighborhood Health Plan) - HMO	$102.44	$271.44	$153.64	$407.20
Tufts Health Plan Navigator - POS	$274.56	$669.88	$274.56	$669.84
Tufts Health Plan Spirit - HMO-type	$103.04	$248.12	$154.60	$372.16
UniCare State Indemnity Plan/Basic with CIC (Comprehensive) - Indemnity	$400.96	$938.56	$400.96	$938.56
UniCare State Indemnity Plan/Basic without CIC (Non-Comprehensive) - Indemnity	$383.64	$898.36	$383.64	$898.36
UniCare State Indemnity Plan/Community Choice - PPO-type	$195.04	$468.16	$195.04	$468.16
UniCare State Indemnity Plan/PLUS - PPO-type	$262.12	$626.44	$262.12	$626.44

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Active Employees – HMO Contribution Rates (based on hire date)

All Municipal Unions

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

All School Unions and Management 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 and Management

Prior to January 1, 2016	Family – 20.0%	Individual – 20.0%
On or after January 1, 2016	Family - 30.0%	Individual – 30.0%

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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	20%	103.96	249.48	50%	259.88	623.72
Fallon Health Select Care	20%	138.12	331.52	50%	345.32	828.76
Harvard Pilgrim Independence Plan	40%	326.56	796.84	50%	408.24	996.04
Harvard Pilgrim Primary Choice Plan	20%	122.08	297.88	50%	305.20	744.68
Health New England	20%	106.96	265.24	50%	267.44	663.04
NHP Prime *(Neighborhood Health Plan)*	20%	102.44	271.44	50%	256.12	678.68
Tufts Health Plan Navigator	40%	274.56	669.88	50%	343.16	837.36
Tufts Health Plan Spirit	20%	103.04	248.12	50%	257.68	620.28
UniCare State Indemnity Plan/Basic with CIC *(Comprehensive)*	40%	400.96	938.56	50%	501.20	1,173.24
UniCare State Indemnity Plan/Basic without CIC *(Non-Comprehensive)*	40%	383.64	898.36	50%	479.56	1,123.00
UniCare State Indemnity Plan/ Community Choice	40%	195.04	468.16	50%	243.84	585.20
UniCare State Indemnity Plan/PLUS	40%	262.12	626.44	50%	327.68	783.08

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*	25%	77.88*	50%	155.76*
Harvard Pilgrim Medicare Enhance	25%	109.80	50%	219.60
Health New England MedPlus	25%	102.72	50%	205.48
Tufts Health Plan Medicare Complement	25%	99.60	50%	199.20
Tufts Health Plan Medicare Preferred*	25%	69.12*	50%	138.24*
UniCare State Indemnity Plan/Medicare Extension (OME) with CIC *(Comprehensive)*	25%	93.64	50%	187.32
UniCare State Indemnity Plan/Medicare Extension (OME) without CIC *(Non-Comprehensive)*	25%	91.00	50%	181.96

Benefits and rates of Fallon Senior Plan and Tufts Health Plan Medicare Preferred are subject to federal approval and may change on January 1, 2017.

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Town Management and Confidential Employees

Non-Medicare 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	25%	129.92	311.84
Fallon Health Select Care	25%	172.68	414.40
Harvard Pilgrim Independence Plan	40%	326.56	796.80
Harvard Pilgrim Primary Choice Plan	25%	152.60	372.36
Health New England	25%	133.72	331.52
NHP Prime *(Neighborhood Health Plan)*	25%	128.04	339.32
Tufts Health Plan Navigator	40%	274.56	669.88
Tufts Health Plan Spirit	25%	128.84	310.12
UniCare State Indemnity Plan/Basic with CIC *(Comprehensive)*	40%	400.96	938.60
UniCare State Indemnity Plan/Basic without CIC *(Non-Comprehensive)*	40%	383.64	898.40
UniCare State Indemnity Plan/ Community Choice	40%	195.04	468.16
UniCare State Indemnity Plan/PLUS	40%	262.12	626.44

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