

GIC Health Plan Rates
MONTHLY RATES AS OF JULY 1, 2018 (FISCAL YEAR 2019)
FOR THE LABBB COLLABORATIVE ENROLLEES

Active Employees

	Active Employee Pays Monthly %	Active Employee Pays Monthly \$	Active Employee Pays Monthly \$
Health Plan		Individual Coverage	Family Coverage
Fallon Health Direct Care	17.5%	99.10	249.02
Fallon Health Select	17.5%	133.98	324.72
Harvard Pilgrim Independence Plan	17.5%	144.67	351.65
Harvard Pilgrim Primary Choice Plan	17.5%	105.57	267.59
Health New England (HMO)	17.5%	96.42	228.64
NHP Prime (Neighborhood Health Plan) (HMO)	17.5%	101.58	261.82
Tufts Health Plan Navigator	17.5%	130.10	317.08
Tufts Health Plan Spirit	17.5%	98.74	237.20
UniCare State Indemnity Plan/Basic with CIC (Comprehensive) (Indemnity)	17.5%	185.22	410.10
UniCare State Indemnity Plan/Basic without CIC (Non-Comprehensive) (Indemnity)	17.5%	176.69	390.69
UniCare State Indemnity Plan/Community Choice (PPO-TYPE)	17.5%	87.88	216.39
UniCare State Indemnity Plan/PLUS (PPO-TYPE)	17.5%	121.82	289.54

Non-Medicare Retirees and Survivors

	Non-Medicare Retiree/ Survivor Pays Monthly %	Non-Medicare Retiree/ Survivor Pays Monthly \$	Non-Medicare Retiree/ Survivor Pays Monthly \$
Health Plan		Individual Coverage	Family Coverage
Fallon Health Direct Care	40%	226.52	569.20
Fallon Health Select Care	40%	306.25	742.22
Harvard Pilgrim Independence Plan	40%	330.67	803.76
Harvard Pilgrim Primary Choice Plan	40%	241.29	611.64
Health New England (HMO)	40%	220.39	522.62
NHP Prime (Neighborhood Health Plan) (HMO)	40%	232.17	598.44
Tufts Health Plan Navigator	40%	297.38	724.75
Tufts Health Plan Spirit	40%	225.70	542.17
UniCare State Indemnity Plan/Basic with CIC (Comprehensive) (Indemnity)	40%	423.36	937.38
UniCare State Indemnity Plan/Basic without CIC (Non-Comprehensive) (Indemnity)	40%	403.87	893.01
UniCare State Indemnity Plan/Community Choice (PPO-TYPE)	40%	200.86	494.61
UniCare State Indemnity Plan/PLUS (PPO-TYPE)	40%	278.44	661.82

Rates are calculated by LABBB Human Resources Department

RATE QUESTIONS? CALL: 339-222-5615

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Medicare Retirees and Survivors

Health Plan	Retiree/Survivor Pays Monthly Per Person	
	%	\$
Harvard Pilgrim Medicare Enhance (Indemnity)	40%	153.04
Health New England MedPlus (HMO)	40%	154.73
Tufts Health Plan Medicare Complement	40%	144.69
Tufts Health Plan Medicare Preferred* (HMO)*	40%	132.80
UniCare State Indemnity Plan/Medicare Extension (OME) <i>with CIC (Comprehensive)</i> (Indemnity)	40%	151.87
UniCare State Indemnity Plan/Medicare Extension (OME) <i>without CIC (Non-Comprehensive)</i> (Indemnity)	40%	147.44

**Benefits and rates of Fallon Senior Plan and Tufts Health Plan Medicare Preferred are subject to federal approval and may change on January 1, 2019*

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