

**GIC Health Plan Rates – for the LABBB Collaborative Enrollees
Monthly & Bi-Weekly Rates as of July 1, 2018 through June 30, 2019**

Active Employees

	Active Employee Pays Monthly %	Active Employee Pays Monthly \$	Active Employee BI-WEEKLY	Active Employee Pays Monthly \$	Active Employee BI-WEEKLY
Health Plan		Individual Coverage	Individual Coverage	Family Coverage	Family Coverage
Fallon Health Direct Care	17.50%	99.10	\$ 45.74	249.02	\$ 114.93
Fallon Health Select Care	17.50%	133.98	\$ 61.84	324.72	\$ 149.87
Harvard Pilgrim Independence Plan	17.50%	144.67	\$ 66.77	351.65	\$ 162.30
Harvard Pilgrim Primary Choice Plan	17.50%	105.57	\$ 48.72	267.59	\$ 123.50
Health New England (HMO)	17.50%	96.42	\$ 44.50	228.64	\$ 105.53
NHP Prime (Neighborhood Health Plan) (HMO)	17.50%	101.58	\$ 46.88	261.82	\$ 120.84
Tufts Health Plan Navigator	17.50%	130.10	\$ 60.05	317.08	\$ 146.34
Tufts Health Plan Spirit	17.50%	98.74	\$ 45.57	237.20	\$ 109.48
UniCare State Indemnity Plan/Basic <i>with CIC</i> (<i>Comprehensive</i>) (Indemnity)	17.50%	185.22	\$ 85.49	410.10	\$ 189.28
UniCare State Indemnity Plan/Basic <i>without CIC</i> (<i>Non-Comprehensive</i>) (Indemnity)	17.50%	176.69	\$ 81.55	390.69	\$ 180.32
UniCare State Indemnity Plan/Community Choice (PPO-TYPE)	17.50%	87.88	\$ 40.56	216.39	\$ 99.87
UniCare State Indemnity Plan/PLUS (PPO-TYPE)	17.50%	121.82	\$ 56.22	289.54	\$ 133.63