

GIC Health Plan Rates
MONTHLY RATES AS OF JULY 1, 2017 (FISCAL YEAR 2018)
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%	97.06	232.96
Fallon Health Select Care (Closed to New Members)	17.5%	128.99	309.56
Harvard Pilgrim Independence Plan (Closed to New Members)	17.5%	144.24	351.94
Harvard Pilgrim Primary Choice Plan	17.5%	108.62	265.04
Health New England (HMO)	17.5%	95.93	237.82
NHP Prime (Neighborhood Health Plan) (HMO)	17.5%	96.96	256.94
Tufts Health Plan Navigator (Closed to New Members)	17.5%	127.55	311.22
Tufts Health Plan Spirit	17.5%	96.82	233.09
UniCare State Indemnity Plan/Basic with CIC (<i>Comprehensive</i>) (Indemnity)	17.5%	181.79	425.34
UniCare State Indemnity Plan/Basic without CIC (<i>Non-Comprehensive</i>) (Indemnity)	17.5%	173.57	406.27
UniCare State Indemnity Plan/Community Choice (PPO-TYPE)	17.5%	91.10	218.66
UniCare State Indemnity Plan/PLUS (PPO-TYPE)	17.5%	121.31	289.82

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%	221.86	532.48
Fallon Health Select Care (Closed to New Members)	40%	294.82	707.56
Harvard Pilgrim Independence Plan (Closed to New Members)	40%	329.69	804.44
Harvard Pilgrim Primary Choice Plan	40%	248.28	605.81
Health New England (HMO)	40%	219.26	543.59
NHP Prime (Neighborhood Health Plan) (HMO)	40%	221.62	587.29
Tufts Health Plan Navigator (Closed to New Members)	40%	291.54	711.36
Tufts Health Plan Spirit	40%	221.31	532.77
UniCare State Indemnity Plan/Basic with CIC (<i>Comprehensive</i>) (Indemnity)	40%	415.52	972.22
UniCare State Indemnity Plan/Basic without CIC (<i>Non-Comprehensive</i>) (Indemnity)	40%	396.72	928.61
UniCare State Indemnity Plan/Community Choice (PPO-TYPE)	40%	208.24	499.78
UniCare State Indemnity Plan/PLUS (PPO-TYPE)	40%	277.28	662.45

Rates are calculated by LABBB Human Resources Department

RATE QUESTIONS? CALL: 339-222-5604

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Medicare Retirees and Survivors

Health Plan	Retiree/Survivor Pays Monthly Per Person	
	%	\$
Fallon Senior Plan (HMO)*	40%	145.31
Harvard Pilgrim Medicare Enhance (Indemnity)	40%	169.22
Health New England MedPlus (HMO)	40%	157.94
Tufts Health Plan Medicare Complement	40%	152.90
Tufts Health Plan Medicare Preferred* (HMO)*	40%	126.44
UniCare State Indemnity Plan/Medicare Extension (OME) <i>with CIC (Comprehensive)</i> (Indemnity)	40%	152.26
UniCare State Indemnity Plan/Medicare Extension (OME) <i>without CIC (Non-Comprehensive)</i> (Indemnity)	40%	147.96

****Benefits and rates of Fallon Senior Plan and Tufts Health Plan Medicare Preferred are subject to federal approval and may change on January 1, 2018***

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