

GIC Health Plan Rates

MONTHLY RATES AS OF JULY 1, 2015 FOR THE TOWN OF HOLDEN ENROLLEES

INCLUDING THE 0.40% ADMINISTRATIVE FEE

Employees & Non-Medicare Eligible Retirees

Insurance Type	Total Premium per Month	Employees hired before 7/1/09*			Employees hired after 7/1/09*		
		Town Share per Month	Empl/Ret Pays Per Month	Employee Pays Biweekly	Town Share per Month	Empl/Ret Pays Per Month	Employee Pays Biweekly
Fallon Direct Family-HMO	1,182.96	946.36	236.60	118.30	887.22	295.74	147.87
Fallon Direct Individual-HMO	492.89	394.31	98.58	49.29	369.67	123.22	61.61
Fallon Select Family-HMO	1,571.91	1,257.53	314.38	157.19	1,178.93	392.98	196.49
Fallon Select Individual-HMO	654.98	523.98	131.00	65.50	491.24	163.74	81.87
Harvard Pilgrim Independence Fam-POS	1,828.49	914.25	914.24	457.12	914.25	914.24	457.12
Harvard Pilgrim Independence Ind-POS	749.39	374.69	374.70	187.35	374.69	374.70	187.35
Harvard Pilgrim Primary Choice Fam-HMO	1,462.80	1,170.24	292.56	146.28	1,097.10	365.70	182.85
Harvard Pilgrim Primary Choice Ind-HMO	599.51	479.61	119.90	59.95	449.63	149.88	74.94
Health New England Fam-HMO	1,225.14	980.12	245.02	122.51	918.86	306.28	153.14
Health New England Ind-HMO	494.17	395.33	98.84	49.42	370.63	123.54	61.77
NHP Prime Family-HMO	1,247.36	997.88	249.48	124.74	935.52	311.84	155.92
NHP Prime Individual-HMO	470.71	376.57	94.14	47.07	353.03	117.68	58.84
Tufts Health Plan Navigator Fam-POS	1,609.60	804.80	804.80	402.40	804.80	804.80	402.40
Tufts Health Plan Navigator Ind-POS	659.25	329.63	329.62	164.81	329.63	329.62	164.81
Tufts Health Plan Spirit Fam-HMO type	1,207.85	966.27	241.58	120.79	905.89	301.96	150.98
Tufts Health Plan Spirit Ind-HMO type	501.40	401.12	100.28	50.14	376.04	125.36	62.68
UniCare State Indemnity Plan/Basic with CIC (Comprehensive) Family	2,281.72	1,140.86	1,140.86	570.43	1,140.86	1,140.86	570.43
UniCare State Indemnity Plan/Basic with CIC (Comprehensive) Individual	974.65	487.33	487.32	243.66	487.33	487.32	243.66
UniCare State Indemnity Plan/Basic without CIC (Non-Comprehensive) Family	2,183.55	1,091.77	1,091.78	545.89	1,091.77	1,091.78	545.89
UniCare State Indemnity Plan/Basic without CIC (Non-Comprehensive) Indiv	932.32	466.16	466.16	233.08	466.16	466.16	233.08
UniCare State Indemnity Plan/Community Choice Family-PPO type	1,136.29	568.15	568.14	284.07	568.15	568.14	284.07
UniCare State Indemnity Plan/Community Choice Indiv-PPO type	472.29	236.15	236.14	118.07	236.15	236.14	118.07
UniCare State Indemnity Plan/PLUS Family - PPO type	1,566.91	783.45	783.46	391.73	783.45	783.46	391.73
UniCare State Indemnity Plan/PLUS Indiv - PPO type	655.64	327.82	327.82	163.91	327.82	327.82	163.91

*HMO split Town 80/Employee 20 for employees hired before 7/1/2009

**HMO split Town 75/Employee 25 for employees hired after 7/1/2009

PPO and Indemnity Plans split 50/50

Rates are calculated by the Town of Holden Benefits Office.

RATE QUESTIONS? CALL: 508 210 5511

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**MONTHLY RATES AS OF JULY 1, 2015
FOR THE TOWN OF HOLDEN ENROLLEES**

INCLUDING THE 0.40% ADMINISTRATIVE FEE

Medicare Eligible Retirees & Survivors

Insurance Type	Total Premium per Month	Town Share per Month	Retiree Pays Per Plan Monthly	Retiree Pays Per Plan Quarterly	*Surviving Spouse Pays Per Plan Monthly	*Surviving Spouse Pays Per Plan Quarterly
+Fallon Senior Plan HMO***	302.13	223.58	78.55	235.65	302.13	906.39
Harvard Pilgrim Medicare Enhance-Indemnity**	392.24	196.12	196.12	588.36	392.24	1,176.72
Health New England MedPlus HMO***	360.95	267.10	93.85	281.55	360.95	1,082.85
Tufts Health Plan Medicare Complement	353.91	261.89	92.02	276.06	353.91	1,061.73
+Tufts Health Plan Medicare Preferred**** HMO	275.60	203.94	71.66	214.98	275.60	826.80
UniCare state Indemnity Plan/Medicare Extension (OME) with CIC (Comprehensive)	403.98	201.99	201.99	605.97	403.98	1,211.94
UniCare state Indemnity Plan/Medicare Extension (OME) without CIC (Non-Comprehensive)	393.47	196.73	196.74	590.22	393.47	1,180.41

*** Senior Plan HMO split Town 74%/Retiree 26%

** Senior Plan PPO & Indemnity Plan split Town 50%/Retiree 50%

* Surviving Spouses pay full cost for coverage

+Benefits and rates of Fallon Senior Plan and Tufts Health Plan Medicare Preferred are subject to federal approval and may be changed January 1, 2016..

GIC RETIREE DENTAL PLAN	
<i>Includes 0.40% Administrative Fee</i>	
Monthly GIC Plan Rates as of July 1, 2015	
\$1,250 Maximum Annual Benefit Per Member	
Coverage Type	Retiree Pays Monthly
Single	\$29.06
Family	69.98

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