

GIC Health Plan Rates
MONTHLY RATES as of Fiscal Year 2018, JANUARY 1, 2018
FOR THE TOWN OF WINCHENDON ENROLLEES

Active Employees, Retirees and Survivors without Medicare

	Employee and Non-Medicare Retiree/ Survivor Pays Monthly %	Employee and Non-Medicare Retiree/ Survivor Pays Monthly \$	Employee and Non-Medicare Retiree/ Survivor Pays Monthly \$
Health Plan		Individual Coverage	Family Coverage
Fallon Health Direct Care (HMO)	35/50%	194.13/277.33	465.92/665.60
Fallon Health Select Care (HMO) (CLOSED TO NEW MEMBERS)	40/50%	294.82/368.53	707.56/884.45
Harvard Pilgrim Independence Plan (PPO) (CLOSED TO NEW MEMBERS)	40/50%	329.69/412.12	804.44/1005.55
Harvard Pilgrim Primary Choice Plan (HMO)	40/50%	248.28/310.35	605.81/757.27
Health New England (HMO)	35/50%	191.85/274.08	475.64/679.49
NHP Care (HMO) (<i>Neighborhood Health Plan</i>)	35/50%	193.91/277.02	513.88/734.11
Tufts Health Plan Navigator (PPO) (CLOSED TO NEW MEMBERS)	40/50%	291.54/364.42	711.36/889.21
Tufts Health Plan Spirit (HMO-type)	35/50%	193.64/276.64	466.17/665.96
UniCare State <i>Indemnity</i> Plan/Basic with CIC (<i>Comprehensive</i>)	40/50%	415.52/519.40	972.22/1215.27
UniCare State <i>Indemnity</i> Plan/Basic without CIC (<i>Non-Comprehensive</i>)	40/50%	396.72/495.90	928.61/1160.76
UniCare State <i>Indemnity</i> Plan/Community Choice (PPO-type)	35/50%	182.21/260.30	437.31/624.73
UniCare State <i>Indemnity</i> Plan/PLUS (PPO-type)	40/50%	277.28/346.60	662.45/828.07

Retirees and Survivors with Medicare

	Retiree and Survivor Pays Monthly Per Person	
Health Plan	%	\$
Fallon Senior Plan* (HMO)	50%	181.64
Harvard Pilgrim Medicare Enhance (Indemnity)	50%	211.53
Health New England MedPlus (HMO)	50%	197.42
Tufts Health Plan Medicare Complement (HMO)	50%	191.13
Tufts Health Plan Medicare Preferred* (HMO)	50%	158.05
UniCare State <i>Indemnity</i> Plan/Medicare Extension (OME) with CIC (<i>Comprehensive</i>)	50%	190.32
UniCare State <i>Indemnity</i> Plan/Medicare Extension (OME) without CIC (<i>Non-Comprehensive</i>)	50%	184.96

Rates are calculated by the Town of Winchendon Human Resources Department

RATE QUESTIONS? CALL: 978-297-0152

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**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.*

RETIREE DENTAL PLAN (if applicable) GIC will provide dollar amounts

GIC RETIREE DENTAL PLAN	
Includes 0.35% Administrative Fee	
Monthly GIC Plan Rates as of July 1, 2016	
\$(TBD by GIC) Maximum Annual Benefit per Member	
Coverage Type	Retiree Pays Monthly
Single	\$29.47
Family	\$71.00

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