

**GIC Health Plan Rates**  
**MONTHLY RATES as of Fiscal Year 2018, JULY 1, 2017**  
**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 \$
<b>Health Plan</b>		<b>Individual Coverage</b>	<b>Family Coverage</b>
Fallon Health Direct Care (HMO)	<b>35/50%</b>	194.13/277.33	465.92/665.60
Fallon Health Select Care (HMO) (CLOSED TO NEW MEMBERS)	<b>40/50%</b>	294.82/368.53	707.56/884.45
Harvard Pilgrim Independence Plan (PPO) (CLOSED TO NEW MEMBERS)	<b>40/50%</b>	329.69/412.12	804.44/1005.55
Harvard Pilgrim Primary Choice Plan (HMO)	<b>40/50%</b>	248.28/310.35	605.81/757.27
Health New England (HMO)	<b>35/50%</b>	191.85/274.08	475.64/679.49
NHP Care (HMO) ( <i>Neighborhood Health Plan</i> )	<b>35/50%</b>	193.91/277.02	513.88/734.11
Tufts Health Plan Navigator (PPO) (CLOSED TO NEW MEMBERS)	<b>40/50%</b>	291.54/364.42	711.36/889.21
Tufts Health Plan Spirit (HMO-type)	<b>35/50%</b>	193.64/276.64	466.17/665.96
UniCare State <i>Indemnity</i> Plan/Basic with CIC ( <i>Comprehensive</i> )	<b>40/50%</b>	415.52/519.40	972.22/1215.27
UniCare State <i>Indemnity</i> Plan/Basic without CIC ( <i>Non-Comprehensive</i> )	<b>40/50%</b>	396.72/495.90	928.61/1160.76
UniCare State <i>Indemnity</i> Plan/Community Choice (PPO-type)	<b>35/50%</b>	182.21/260.30	437.31/624.73
UniCare State <i>Indemnity</i> Plan/PLUS (PPO-type)	<b>40/50%</b>	277.28/346.60	662.45/828.07

**Retirees and Survivors with Medicare**

	Retiree and Survivor Pays Monthly Per Person	
<b>Health Plan</b>	<b>%</b>	<b>\$</b>
Fallon Senior Plan* (HMO)	50%	168.09
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%	150.53
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**

**GIC Health Plan Rates**  
**MONTHLY RATES as of Fiscal Year 2018, JULY 1, 2017**  
**FOR THE TOWN OF WINCHENDON ENROLLEES**

*\*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**

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

*Rates are calculated by the Town of Winchendon Human Resources Department*

**RATE QUESTIONS? CALL: 978-297-0152**