

GIC Health Plan Rates
 MONTHLY RATES AS OF JULY 1, 2018
 FOR THE TOWN OF SWAMPSCOTT ENROLLEES

INCLUDING THE .35% ADMINISTRATIVE FEE

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	28%	158.56	398.44
Fallon Health Select Care	28%	214.37	519.55
Harvard Pilgrim Independence Plan	28%	231.47	562.63
Harvard Pilgrim Primary Choice Plan	28%	168.90	428.15
Health New England	28%	154.27	365.83
NHP Prime (Neighborhood Health Plan)	28%	162.52	418.91
Tufts Health Plan Navigator	28%	208.17	507.32
Tufts Health Plan Spirit	28%	157.99	379.52
UniCare State Indemnity Plan/Basic with CIC (Comprehensive)	40%	423.36	937.38
UniCare State Indemnity Plan/Basic without CIC (Non-Comprehensive)	40%	403.87	893.01
UniCare State Indemnity Plan/Community Choice	28%	140.60	346.23
UniCare State Indemnity Plan/PLUS	28%	194.91	463.27

Retirees and Survivors with Medicare

	Retiree and Survivor Retiree/Survivor Pays Monthly Per Person (Rates Include 70% Medicare B Reimbursement**)	
Health Plan	%	\$
Harvard Pilgrim Medicare Enhance	40%	59.24
Health New England MedPlus	40%	60.93
Tufts Health Plan Medicare Complement	40%	50.89
Tufts Health Plan Medicare Preferred*	28%	.01
UniCare State Indemnity Plan/Medicare Extension (OME) with CIC (Comprehensive)	40%	58.07
UniCare State Indemnity Plan/Medicare Extension (OME) without CIC (Non-Comprehensive)	40%	53.64

**Benefits and rates of Tufts Health Plan Medicare Preferred are subject to federal approval and may change on January 1, 2019.*

***70% Medicare Part B Reimbursement deducted.*

Rates are calculated by the Town of Swampscott Personnel Office.

RATE QUESTIONS? CALL the Personnel Office at 781-596-8859
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