

STATE EMPLOYEE HEALTH PLAN RATES

Monthly GIC Plan Rates Effective July 1, 2015



Indicates a GIC Limited Network Plan – compare the rates of these plans with the other options to see how much you will save every month!

		For Employees Hired Before July 1, 2003		For Employees Hired On or After July 1, 2003	
		20%		25%	
		Employee Pays Monthly		Employee Pays Monthly	
BASIC LIFE INSURANCE ONLY – \$5,000 Coverage		\$1.26		\$1.58	
HEALTH PLAN (Premium includes Basic Life Insurance)	PLAN TYPE	INDIVIDUAL	FAMILY	INDIVIDUAL	FAMILY
Fallon Health Direct Care	HMO	\$99.45	\$236.91	\$124.31	\$296.14
Fallon Health Select Care	HMO	131.73	314.39	164.67	392.99
Harvard Pilgrim Independence Plan	POS	150.54	365.50	188.18	456.88
Harvard Pilgrim Primary Choice Plan	HMO	120.68	292.65	150.86	365.82
Health New England	HMO	99.70	245.31	124.63	306.65
NHP Prime (Neighborhood Health Plan)	HMO	95.03	249.74	118.79	312.18
Tufts Health Plan Navigator	POS	132.58	321.90	165.74	402.38
Tufts Health Plan Spirit	EPO (HMO-type)	101.14	241.87	126.43	302.34
UniCare State Indemnity Plan/Basic with CIC* (Comprehensive)	Indemnity	229.14	534.01	275.89	643.07
UniCare State Indemnity Plan/Basic without CIC (Non-Comprehensive)	Indemnity	186.98	436.23	233.73	545.29
UniCare State Indemnity Plan/Community Choice	PPO-type	95.34	227.61	119.18	284.52
UniCare State Indemnity Plan/PLUS	PPO-type	131.87	313.39	164.84	391.75

* CIC is an enrollee-pay-all benefit.

The House 1 budget proposes changing all EMPLOYEE contributions to 25% regardless of date of hire. However, whether or not this takes place will not be known until the Commonwealth's FY16 budget is enacted. Please keep this in mind as you are weighing your health plan options.

For other things to consider, see your GIC Benefit Decision Guide.

For municipal rates, see separate rate sheets.

STATE EMPLOYEE PLAN RATES

Optional Life Insurance

Including Accidental Death & Dismemberment

ACTIVE EMPLOYEE AGE	EMPLOYEE SMOKER PAYS	EMPLOYEE NON-SMOKER PAYS
	<i>Per \$1,000 of Coverage</i>	<i>Per \$1,000 of Coverage</i>
Under Age 35	\$0.10	\$0.05
35 – 44	0.12	0.06
45 – 49	0.22	0.08
50 – 54	0.35	0.15
55 – 59	0.54	0.21
60 – 64	0.80	0.32
65 – 69	1.46	0.74
70 and over	2.58	1.17

Long Term Disability

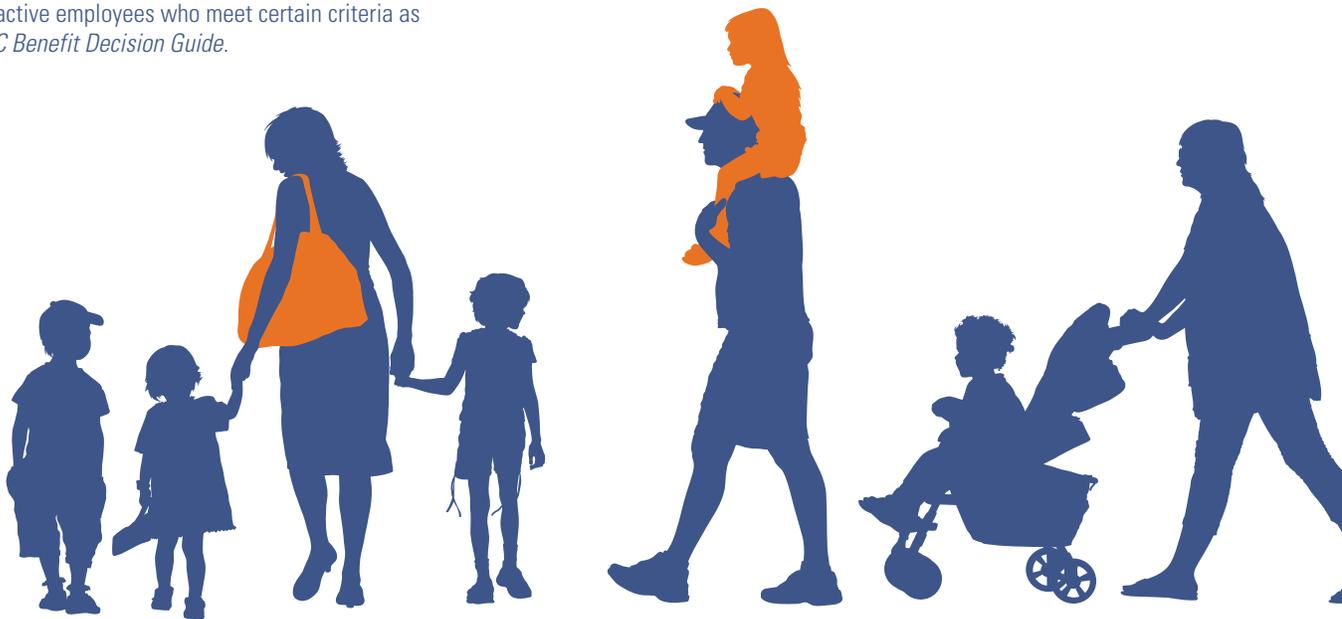
ACTIVE EMPLOYEE AGE	STATE EMPLOYEE PAYS
	<i>Per \$100 of MONTHLY Earnings</i>
Under age 25	\$0.09
25 – 29	\$0.11
30 – 34	\$0.15
35 – 39	\$0.19
40 – 44	\$0.39
45 – 49	\$0.52
50 – 54	\$0.63
55 – 59	\$0.77
60 – 64	\$0.74
65 – 69	\$0.42
70 and over	\$0.24

GIC Dental/Vision Plan*

For Managers, Legislators, Legislative Staff and Certain Executive Office Staff

PLAN	EMPLOYEE PAYS	EMPLOYEE PAYS
	INDIVIDUAL	FAMILY
PPO (Value) Plan	\$4.67	\$14.49
Indemnity (Classic) Plan	\$6.25	\$19.39

* Only available to active employees who meet certain criteria as outlined in the *GIC Benefit Decision Guide*.



See Over for State
RETIREE/SURVIVOR Rates



STATE NON-MEDICARE RETIREE AND SURVIVOR RATES

Monthly GIC Plan Rates Effective July 1, 2015



Compare the rates of these plans with other options to see how much you will save every month!

		NON-MEDICARE RETIREES Retired on or before July 1, 1994 and SURVIVORS ^{1,2}		NON-MEDICARE RETIREES Retired after July 1, 1994 and who filed for retirement on or before October 1, 2009		NON-MEDICARE RETIREES who filed for retirement after October 1, 2009	
		10%		15%		20%	
NON-MEDICARE PLANS		Retiree/Survivor Pays Monthly		Retiree Pays Monthly		Retiree Pays Monthly	
BASIC LIFE INSURANCE ONLY \$5,000 Coverage		\$0.63		\$0.95		\$1.26	
HEALTH PLAN (Premium includes Basic Life Insurance)	PLAN TYPE	Individual Coverage	Family Coverage	Individual Coverage	Family Coverage	Individual Coverage	Family Coverage
Fallon Health Direct Care	HMO	\$ 49.72	\$118.46	\$ 74.59	\$177.69	\$ 99.45	\$236.91
Fallon Health Select Care	HMO	65.87	157.20	98.81	235.80	131.73	314.39
Harvard Pilgrim Independence Plan	POS	75.27	182.75	112.91	274.13	150.54	365.50
Harvard Pilgrim Primary Choice	HMO	60.34	146.33	90.52	219.50	120.68	292.65
Health New England	HMO	49.85	122.66	74.78	183.99	99.70	245.31
NHP Prime (Neighborhood Health Plan)	HMO	47.51	124.87	71.27	187.31	95.03	249.74
Tufts Health Plan Navigator	POS	66.29	160.95	99.44	241.43	132.58	321.90
Tufts Health Plan Spirit	EPO (HMO-type)	50.57	120.93	75.86	181.41	101.14	241.87
UniCare State Indemnity Plan/ Basic with CIC ³ (Comprehensive)	Indemnity	135.65	315.90	182.40	424.96	229.14	534.01
UniCare State Indemnity Plan/ Basic without CIC (Non-comprehensive)	Indemnity	93.49	218.12	140.24	327.18	186.98	436.23
UniCare State Indemnity Plan/ Community Choice	PPO-type	47.67	113.81	71.51	170.71	95.34	227.61
UniCare State Indemnity Plan/PLUS	PPO-type	65.93	156.70	98.90	235.05	131.87	313.39

¹ Survivors are not eligible for life insurance. For monthly health insurance premium cost, deduct \$0.63 from "Retiree/Survivor Pays Monthly" premium.

² Elderly Governmental Retirees (EGRs) – call the GIC for monthly rates.

³ CIC is an enrollee-pay-all benefit.



Contribution percentages may change after the Commonwealth's FY16 budget is enacted.

For other things to consider, see the GIC Benefit Decision Guide.

For municipal and GIC Retired Municipal Teacher (RMT) rates, see separate rate sheets.

STATE MEDICARE RETIREE AND SURVIVOR RATES

Monthly GIC Plan Rates Effective July 1, 2015

		MEDICARE RETIREES Retired on or before July 1, 1994 and SURVIVORS ^{1, 2}	MEDICARE RETIREES Retired after July 1, 1994 and who filed for retirement on or before October 1, 2009	MEDICARE RETIREES who filed for retirement after October 1, 2009
		10%	15%	20%
MEDICARE PLANS		Retiree/Survivor Pays Monthly	Retiree Pays Monthly	Retiree Pays Monthly
BASIC LIFE INSURANCE ONLY \$5,000 Coverage		\$0.63	\$0.95	\$1.26
HEALTH PLAN (Premium includes Basic Life Insurance)	PLAN TYPE	Per Person	Per Person	Per Person
Fallon Senior Plan ³	HMO	\$30.72	\$46.09	\$61.45
Harvard Pilgrim Medicare Enhance	Indemnity	39.70	59.55	79.40
Health New England MedPlus	HMO	36.58	54.88	73.16
Tufts Health Plan Medicare Complement	HMO	35.88	53.83	71.76
Tufts Health Plan Medicare Preferred ³	HMO	28.08	42.13	56.16
UniCare State Indemnity Plan/ Medicare Extension (OME) with CIC ⁴ (Comprehensive)	Indemnity	50.29	70.21	90.11
UniCare State Indemnity Plan/ Medicare Extension (OME) without CIC (Non-comprehensive)	Indemnity	39.82	59.74	79.64

¹ Survivors are not eligible for life insurance. For monthly health insurance premium cost, deduct \$0.63 from "Retiree/Survivor Pays Monthly" premium.

² Elderly Governmental Retirees (EGRs) – call the GIC for monthly rates.

³ Benefits and rates of Fallon Senior Plan and Tufts Health Plan Medicare Preferred are subject to federal approval and may change January 1, 2016.

⁴ CIC is an enrollee-pay-all benefit.

OTHER STATE RETIREE BENEFITS – MEDICARE & NON-MEDICARE

RETIREE OPTIONAL LIFE INSURANCE RATES

Including Accidental Death & Dismemberment

RETIRED EMPLOYEE AGE	RETIREE SMOKER PAYS <i>Per \$1,000 of Coverage</i>	RETIREE NON-SMOKER PAYS <i>Per \$1,000 of Coverage</i>
Under Age 70	\$ 1.64	\$ 1.29
70 – 74	2.87	2.26
75 – 79	7.82	5.98
80 – 84	14.82	11.31
85 – 89	23.46	17.92
90 – 94	33.64	27.24
95 – 99	73.49	59.47
Ages 100 and over	140.90	114.02

GIC RETIREE DENTAL PLAN

\$1,250 Maximum Annual Benefit per Member

COVERAGE TYPE	RETIREE PAYS MONTHLY
SINGLE	\$28.94
FAMILY	\$69.70

See Over for **ACTIVE**
STATE EMPLOYEE Rates

