GIC Health Plan Rates
MONTHLY RATES AS OF JULY 1, 2020
FOR THE TOWN OF WINTHROP ENROLLEES

Active Employees, Retirees and Survivors without Medicare

	Teachers Who Retired Before July 1, 2008 Pay Monthly %	Teachers Who Retired Before July 1, 2008 Pay Monthly $	Teachers Who Retired Before July 1, 2008 Pay Monthly $	Employee and Non-Medicare Retiree/ Survivor Pay Monthly %	Employee and Non-Medicare Retiree/ Survivor Pay Monthly $	Employee and Non-Medicare Retiree/ Survivor Pay Monthly $
Health Plan		**Individual Coverage**	**Family Coverage**		**Individual Coverage**	**Family Coverage**
Fallon Health Direct Care	10%	61.86	156.15	15%	92.79	234.22
Fallon Health Select Care	10%	83.62	203.30	15%	125.43	304.96
Harvard Pilgrim Independence Plan	10%	91.72	223.92	15%	137.58	335.88
Harvard Pilgrim Primary Choice Plan	10%	66.54	169.70	15%	99.81	254.55
Health New England	10%	59.43	141.48	15%	89.14	212.22
Allways Health Partners Complete HMO	10%	68.79	178.95	15%	103.18	268.42
Tufts Health Plan Navigator	10%	79.90	195.15	15%	119.86	292.72
Tufts Health Plan Spirit	10%	60.67	146.16	15%	91.00	219.23
UniCare State Indemnity Plan/Basic with CIC (Comprehensive)	10%	167.08*	373.74*	35%	380.14	842.31
UniCare State Indemnity Plan/Basic without CIC (Non-Comprehensive)	10%	110.74	245.44	35%	387.60	859.04
UniCare State Indemnity Plan/Community Choice	10%	55.26	136.81	15%	82.89	205.21
UniCare State Indemnity Plan/PLUS	10%	72.37	172.25	15%	108.56	258.38

Enrollee pays the full cost of CIC - $56.34 for individual CIC coverage and $128.30 for family CIC coverage.

Retirees and Survivors with Medicare

	Medicare Teachers Who Retired Before July 1, 2008 Pay Monthly Per Person		**Medicare Retirees and Survivors Pay Monthly Per Person**	
Health Plan	**%**	**$**	**%**	**$**
Harvard Pilgrim Medicare Enhance	10%	40.40	15%	60.61
Health New England MedPlus	10%	40.48	15%	60.72
Tufts Health Plan Medicare Complement	10%	38.39	15%	57.58
Tufts Health Plan Medicare Preferred*	10%	32.51	15%	48.77
UniCare State Indemnity Plan/Medicare Extension (OME) with CIC (Comprehensive)	10%	39.99	35%	139.95
UniCare State Indemnity Plan/Medicare Extension (OME) without CIC (Non-Comprehensive)	10%	38.88	35%	136.08

Rates are calculated by the Town of Winthrop Benefits Office

RATE QUESTIONS? CALL: 617-846-1852 EXT. 1075