# GIC Health Plan Rates
## MONTHLY RATES AS OF JULY 1, 2022
## FOR THE TOWN OF WINTHROP ENROLLEES
INCLUDING THE .30% ADMINISTRATIVE FEE

**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** |
| Harvard Pilgrim Independence Plan | 10% | 103.60 | 253.46 | 15% | 155.40 | 380.19 |
| Harvard Pilgrim Primary Choice Plan | 10% | 74.67 | 190.96 | 15% | 112.01 | 286.44 |
| Health New England | 10% | 66.97 | 160.21 | 15% | 100.46 | 240.32 |
| Allways Health Partners Complete HMO | 10% | 84.45 | 221.16 | 15% | 126.67 | 331.75 |
| Tufts Health Plan Navigator | 10% | 89.12 | 218.32 | 15% | 133.67 | 327.47 |
| Tufts Health Plan Spirit | 10% | 67.57 | 163.45 | 15% | 101.36 | 245.18 |
| UniCare State Indemnity Plan/Basic with CIC (Comprehensive) | 10% | 177.16* | 396.50* | 35% | 433.68 | 963.43 |
| UniCare State Indemnity Plan/Basic without CIC (Non-Comprehensive) | 10% | 117.99 | 261.79 | 35% | 412.97 | 916.28 |
| UniCare State Indemnity Plan/Community Choice | 10% | 62.38 | 155.34 | 15% | 93.57 | 233.01 |
| UniCare State Indemnity Plan/PLUS | 10% | 81.14 | 193.88 | 15% | 121.71 | 290.81 |

***Enrollee pays the full cost of CIC - $59.17 for individual CIC coverage and $134.71 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% | 42.40 | 15% | 63.60 |
| Health New England MedPlus | 10% | 43.03 | 15% | 64.54 |
| Tufts Health Plan Medicare Complement | 10% | 40.60 | 15% | 60.90 |
| Tufts Health Plan Medicare Preferred | 10% | 34.54 | 15% | 51.81 |
| UniCare State Indemnity Plan/Medicare Extension (OME) with CIC (Comprehensive) | 10% | 41.34 | 35% | 144.68 |
| UniCare State Indemnity Plan/Medicare Extension (OME) without CIC (Non-Comprehensive) | 10% | 40.20 | 35% | 140.70 |

*Rates are calculated by the Town of Winthrop Benefits Office*

**RATE QUESTIONS? CALL: 617-846-1852 EXT. 1076**