GIC Health Plan Rates
MONTHLY RATES AS OF JULY 1, 2021
FOR THE TOWN OF WINTHROP ENROLLEES
INCLUDING THE .35% 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**
Fallon Health Direct Care	10%	63.75	161.17	15%	95.63	241.76
Fallon Health Select Care	10%	86.30	210.06	15%	129.45	315.09
Harvard Pilgrim Independence Plan	10%	96.43	235.61	15%	144.64	353.42
Harvard Pilgrim Primary Choice Plan	10%	69.80	178.20	15%	104.69	267.29
Health New England	10%	63.03	150.45	15%	94.55	225.67
Allways Health Partners Complete HMO	10%	76.80	200.57	15%	115.19	300.85
Tufts Health Plan Navigator	10%	83.67	204.59	15%	125.50	306.89
Tufts Health Plan Spirit	10%	63.87	154.19	15%	95.81	231.29
UniCare State Indemnity Plan/Basic with CIC (Comprehensive)	10%	174.96*	391.58*	35%	421.46	935.94
UniCare State Indemnity Plan/Basic without CIC (Non-Comprehensive)	10%	114.36	253.61	35%	400.25	887.65
UniCare State Indemnity Plan/Community Choice	10%	59.38	147.58	15%	89.07	221.38
UniCare State Indemnity Plan/PLUS	10%	78.20	186.67	15%	117.30	280.01

Enrollee pays the full cost of CIC - $60.60 for individual CIC coverage and $137.97 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%	41.34	15%	62.01
Health New England MedPlus	10%	41.42	15%	62.13
Tufts Health Plan Medicare Complement	10%	39.26	15%	58.89
Tufts Health Plan Medicare Preferred	10%	33.27	15%	49.91
UniCare State Indemnity Plan/Medicare Extension (OME) with CIC (Comprehensive)	10%	40.88	35%	143.09
UniCare State Indemnity Plan/Medicare Extension (OME) without CIC (Non-Comprehensive)	10%	39.71	35%	138.99

Rates are calculated by the Town of Winthrop Benefits Office

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