

GIC Health Plan Rates

MONTHLY RATES AS OF JULY 1, 2020

FOR THE TOWN OF RANDOLPH ENROLLEES

FY21 JULY 1 2020

Active Employees, Retirees and Survivors without Medicare

	Teacher Who Retired Before July 1, 2009 Pays Monthly %	Teacher Who Retired Before July 1, 2009 Pays Monthly \$	Teacher Who Retired Before July 1, 2009 Pays Monthly \$	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		Individual Coverage	Family Coverage
Fallon Health Direct Care	15%	\$92.79	234.22	15%	\$92.79	234.22
Fallon Health Select Care	15%	\$125.43	\$304.96	15%	\$125.43	304.96
Harvard Pilgrim Independence Plan	15%	\$137.58	335.88	17%	\$155.92	380.66
Harvard Pilgrim Primary Choice Plan	15%	\$99.81	254.55	15%	99.81	254.55
Health New England	15%	\$89.14	212.22	15%	89.14	212.22
AllWays Health Partners Complete HMO	15%	\$103.18	268.42	15%	103.18	268.42
Tufts Health Plan Navigator	15%	\$119.86	292.72	17%	135.84	331.75
Tufts Health Plan Spirit	15%	\$91.00	219.23	15%	91.00	219.23
UniCare State Indemnity Plan/Basic with CIC (Comprehensive)	25%	\$290.94	\$645.68	40%	465.50	1033.08
UniCare State Indemnity Plan/Basic without CIC (Non-Comprehensive)	25%	\$276.86	613.60	40%	442.97	981.76
UniCare State Indemnity Plan/Community Choice	15%	\$82.89	205.21	17%	\$93.94	232.57
UniCare State Indemnity Plan/PLUS	15%	\$108.56	258.38	17%	123.04	292.83

Rates are calculated by the Town of Randolph Human Resources Office.

RATE QUESTIONS? CALL: (781) 961-0911

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MONTHLY RATES AS OF JULY 1, 2020

FOR THE TOWN OF RANDOLPH ENROLLEES

FY21 JULY 1 2020

Retirees and Survivors with Medicare

Health Plan	Teacher Who Retired Before July 1, 2009 Pays Monthly Per Person		Retiree and Survivor Pays Monthly Per Person	
	%	\$	%	\$
Harvard Pilgrim Medicare Enhance	15%	\$60.61	20%	\$80.81
Health New England MedPlus	15%	\$60.72	20%	\$80.96
Tufts Health Plan Medicare Complement	15%	\$57.58	20%	\$76.78
Tufts Health Plan Medicare Preferred*	15%	\$48.77	20%	\$65.03
UniCare State Indemnity Plan/Medicare Extension (OME) with CIC (Comprehensive)	15%	\$59.98	20%	\$79.97
UniCare State Indemnity Plan/Medicare Extension (OME) without CIC (Non-Comprehensive)	15%	\$58.32	20%	\$77.76

**Tufts Health Plan Medicare Preferred is subject to federal approval and may change on January 1, 2021*

GIC RETIREE DENTAL PLAN	
Monthly GIC Plan Rates as of July 1, 2019	
\$1,250 Maximum Annual Benefit Per Member	
Coverage Type	Retiree Pays Monthly
Single	\$29.92
Family	\$72.07

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