

GIC Health Plan Rates
 MONTHLY RATES AS OF JULY 1, 2018
 FOR THE **TOWN OF RANDOLPH** ENROLLEES

INCLUDING THE .35% ADMINISTRATIVE FEE

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%	\$84.94	\$213.45	15%	84.94	\$213.45
Fallon Health Select Care	15%	\$114.84	\$278.33	15%	\$114.84	\$278.33
Harvard Pilgrim Independence Plan	15%	\$124.00	\$301.41	15%	\$124.00	\$301.41
Harvard Pilgrim Primary Choice Plan	15%	\$90.48	\$229.37	15%	\$90.48	\$229.37
Health New England	15%	\$82.65	\$195.98	15%	\$82.65	\$195.98
NHP Prime (Neighborhood Health Plan)	15%	\$87.06	\$224.42	15%	\$87.06	\$224.42
Tufts Health Plan Navigator	15%	\$111.52	\$271.78	15%	\$111.52	\$271.78
Tufts Health Plan Spirit	15%	\$84.64	\$203.31	15%	\$84.64	\$203.31
UniCare State Indemnity Plan/Basic with CIC (Comprehensive)	25%	\$264.60	\$585.86	40%	\$423.36	\$937.38
UniCare State Indemnity Plan/Basic without CIC (Non-Comprehensive)	25%	\$252.42	\$558.13	40%	\$403.87	\$893.01
UniCare State Indemnity Plan/Community Choice	15%	\$75.32	\$185.48	15%	\$75.32	\$185.48
UniCare State Indemnity Plan/PLUS	15%	\$104.41	\$248.18	15%	\$104.41	\$248.18

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

**RATE QUESTIONS?
 CALL: (781) 961-0911**

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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%	\$57.39	20%	\$76.52
Health New England MedPlus	15%	\$58.02	20%	\$77.36
Tufts Health Plan Medicare Complement	15%	\$54.26	20%	\$72.35
Tufts Health Plan Medicare Preferred*	15%	\$49.80	20%	\$66.40
UniCare State Indemnity Plan/Medicare Extension (OME) with CIC (Comprehensive)	15%	\$56.95	20%	\$75.93
UniCare State Indemnity Plan/Medicare Extension (OME) without CIC (Non-Comprehensive)	15%	\$55.29	20%	\$73.72

**Benefits and rates of Tufts Health Plan Medicare Preferred is subject to federal approval and may change on January 1, 2019.*

GIC RETIREE DENTAL PLAN	
Includes .35% Administrative Fee	
Monthly GIC Plan Rates as of July 1, 2018	
\$1,250 Maximum Annual Benefit Per Member	
Coverage Type	Retiree Pays Monthly
Single	\$30.01
Family	\$72.30

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