

GIC Health Plan Rates

MONTHLY RATES AS OF JULY 1, 2019

FOR THE TOWN OF RANDOLPH ENROLLEES

FISCAL 2020 JULY 1 2019

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%	\$90.10	\$227.13	15%	\$90.10	\$227.13
Fallon Health Select Care	15%	\$121.77	\$295.78	15%	\$121.77	\$295.78
Harvard Pilgrim Independence Plan	15%	\$133.45	\$325.72	17%	\$151.24	\$369.15
Harvard Pilgrim Primary Choice Plan	15%	\$96.87	\$246.97	15%	\$96.87	\$246.97
Health New England	15%	\$85.62	\$203.52	15%	\$85.62	\$203.52
AllWays Health Partners Complete HMO	15%	\$97.04	\$251.65	15%	\$97.04	\$251.65
Tufts Health Plan Navigator	15%	\$112.16	\$273.31	17%	\$127.12	\$309.75
Tufts Health Plan Spirit	15%	\$84.89	\$203.84	15%	\$84.89	\$203.84
UniCare State Indemnity Plan/Basic with CIC (Comprehensive)	25%	\$271.53	\$607.64	40%	\$434.44	\$962.64
UniCare State Indemnity Plan/Basic without CIC (Non-Comprehensive)	25%	\$258.64	\$580.38	40%	\$413.82	\$915.68
UniCare State Indemnity Plan/Community Choice	15%	\$77.63	\$191.54	17%	\$87.98	\$217.08
UniCare State Indemnity Plan/PLUS	15%	\$104.42	\$248.19	17%	\$118.34	\$281.28

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

<p>RATE QUESTIONS? CALL: (781) 961-0911</p>
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MONTHLY RATES AS OF JULY 1, 2019

FOR THE TOWN OF RANDOLPH ENROLLEES

FISCAL 2020 JULY 1 2019

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%	\$58.67	20%	\$78.22
Health New England MedPlus	15%	\$58.77	20%	\$78.36
Tufts Health Plan Medicare Complement	15%	\$55.73	20%	\$74.30
Tufts Health Plan Medicare Preferred*	15%	\$48.36	20%	\$64.49
UniCare State Indemnity Plan/Medicare Extension (OME) with CIC (Comprehensive)	15%	\$58.04	20%	\$77.39
UniCare State Indemnity Plan/Medicare Extension (OME) without CIC (Non-Comprehensive)	15%	\$56.45	20%	\$75.26

**Tufts Health Plan Medicare Preferred is subject to federal approval and may change on January 1, 2018.*

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	\$30.32
Family	\$73.02

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