### GIC MONTHLY RATES for CITY OF MELROSE

Effective July 1, 2017

# **ACTIVE EMPLOYEES**

Health Plan	Plan Type	Employee <b>Monthly</b>	Employee Monthly \$	Employee Monthly \$
		%	Individual	Family
Fallon Health Direct Care	HMO	16%	88.74	212.99
Fallon Health Select Care CLOSED FOR NEW MEMBERS	НМО	16%	117.93	283.02
Harvard Pilgrim Independence Plan CLOSED FOR NEW MEMBERS	POS	16%	131.88	321.78
Harvard Pilgrim Primary Choice Plan	HMO	16%	99.31	242.32
Health New England	HMO	16%	87.70	217.44
NHP Prime (Neighborhood Health Plan)	HMO	16%	88.65	234.92
Tufts Health Plan Navigator CLOSED FOR NEW MEMBERS	POS	16%	116.61	284.55
Tufts Health Plan Spirit	HMO-type	16%	88.52	213.11
UniCare State Indemnity/ Basic with CIC	Indemnity	40%	415.52	972.22
UniCare State Indemnity/ Basic without CIC	Indemnity	40%	396.72	928.61
UniCare State Indemnity/ Community Choice	PPO-type	16%	83.29	199.91
UniCare State Indemnity Plan/ PLUS	PPO-type	16%	110.91	264.98

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# **RETIREES AND SURVIVORS WITHOUT MEDICARE**

Health Plan	Plan Type	Retiree	Retiree Monthly \$	Retiree Monthly \$
		%	Individual	Family
Fallon Health Direct Care	НМО	15%	83.20	199.68
Fallon Health Select Care CLOSED FOR NEW MEMBERS	НМО	15%	110.56	265.33
Harvard Pilgrim Independence CLOSED FOR NEW MEMBERS	POS	15%	123.63	301.67
Harvard Pilgrim Primary Choice	НМО	15%	93.11	227.18
Health New England	НМО	15%	82.22	203.85
NHP Prime (Neighborhood Health)	НМО	15%	83.11	220.23
Tufts Health Plan Navigator CLOSED FOR NEW MEMBERS	POS	15%	109.33	266.76
Tufts Health Plan Spirit	HMO-type	15%	82.99	199.79
UniCare State Indemnity- Basic with CIC	Indemnity	40%	415.52	972.22
UniCare State Indemnity- Basic without CIC	Indemnity	40%	396.72	928.61
UniCare State Indemnity- Community Choice	PPO-type	15%	78.09	187.42
UniCare State Indemnity- PLUS	PPO-type	15%	103.98	248.42

#### **RETIREES AND SURVIVORS WITH MEDICARE**

Health Plan	Plan Type	Monthly	Per Person
		%	\$
Fallon Senior Plan*	Medicare (HMO)	30%	100.85
Harvard Pilgrim Medicare Enhance	Medicare (Indemnity)	30%	126.92
Health New England MedPlus	Medicare (HMO)	30%	118.45
Tufts Medicare Complement	Medicare (HMO)	30%	114.68
Tufts Medicare Preferred*	Medicare (HMO)	30%	90.32
UniCare Medicare Extension (OME) with CIC	Medicare (Indemnity)	30%	114.19
UniCare Medicare Extension (OME) without CIC	Medicare (Indemnity)	30%	110.97

\*Rates of Fallon Senior Plan and Tufts Medicare Preferred are subject to federal approval and may change on January 1, 2018.

GIC RETIREE DENTAL PLAN				
Single	29.47			
Family	71.00			

Rates calculated by the City of Melrose HR Department: (781) 979-4145

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