

## GIC HEALTH, DENTAL and LIFE INSURANCE RATES EFFECTIVE 07/01/2014

MEDICAL			ACTUAL MONTHLY RATE	TOWN MONTHLY SHARE	MONTHLY EMPLOYEE SHARE	52 WEEKS EMPLOYEE SHARE	44 WEEKS EMPLOYEE SHARE	42 WEEKS EMPLOYEE SHARE	38 WEEKS EMPLOYEE SHARE	26 WEEKS EMPLOYEE SHARE	21 WEEKS EMPLOYEE SHARE	10 MONTH EMPLOYEE SHARE
<b>FALLON HEALTH DIRECT CARE</b>	<b>HMO</b>	<b>COBRA</b>			16%	16%	16%	16%	16%	16%	16%	16%
Individual		\$483.21	\$483.21	\$405.90	\$77.31	\$17.84	\$21.09	\$22.09	\$24.41	\$35.68	\$44.18	\$92.78
Family		\$1,159.70	\$1,159.70	\$974.15	\$185.55	\$42.82	\$50.61	\$53.01	\$58.60	\$85.64	\$106.03	\$222.66
<b>FALLON HEALTH SELECT CARE</b>	<b>HMO</b>	<b>COBRA</b>		84%	16%	16%	16%	16%	16%	16%	16%	16%
Individual		\$615.39	\$615.39	\$516.93	\$98.46	\$22.72	\$26.85	\$28.13	\$31.09	\$45.44	\$56.26	\$118.15
Family		\$1,476.92	\$1,476.92	\$1,240.61	\$236.31	\$54.53	\$50.61	\$53.01	\$58.60	\$109.06	\$135.03	\$283.57
<b>HARVARD PILGRIM INDEPENDENCE</b>	<b>PPO</b>	<b>COBRA</b>		75%	25%	25%	25%	25%	25%	25%	25%	25%
Individual		\$615.39	\$686.12	\$514.59	\$171.53	\$39.58	\$46.78	\$49.01	\$54.17	\$79.17	\$98.02	\$205.84
Family		\$1,476.92	\$1,674.20	\$1,255.65	\$418.55	\$96.59	\$114.15	\$119.59	\$132.17	\$193.18	\$239.17	\$502.26
<b>HARVARD PILGRIM PRIMARY CHOICE</b>	<b>HMO</b>	<b>COBRA</b>		84%	16%	16%	16%	16%	16%	16%	16%	16%
Individual		\$548.89	\$548.89	\$461.07	\$87.82	\$20.27	\$23.95	\$25.09	\$27.73	\$40.53	\$50.18	\$105.39
Family		\$1,339.36	\$1,339.36	\$1,125.06	\$214.30	\$49.45	\$58.44	\$61.23	\$67.67	\$98.91	\$122.46	\$257.16
<b>HEALTH NEW ENGLAND</b>	<b>HMO</b>	<b>COBRA</b>		84%	16%	16%	16%	16%	16%	16%	16%	16%
Individual		\$481.89	\$481.89	\$404.79	\$77.10	\$17.79	\$21.03	\$22.03	\$24.35	\$35.59	\$44.06	\$92.52
Family		\$1,194.71	\$1,194.71	\$1,003.56	\$191.15	\$44.11	\$52.13	\$54.62	\$60.36	\$88.22	\$109.23	\$229.38
<b>NHP CARE (NEIGHBORHOOD HEALTH PLAN)</b>	<b>HMO</b>	<b>COBRA</b>		84%	16%	16%	16%	16%	16%	16%	16%	16%
Individual		\$465.41	\$465.41	\$390.94	\$74.47	\$17.18	\$20.31	\$21.28	\$23.52	\$34.37	\$42.55	\$89.36
Family		\$1,233.34	\$1,233.34	\$1,036.01	\$197.33	\$45.54	\$53.82	\$56.38	\$62.32	\$91.08	\$112.76	\$236.80
<b>TUFTS HEALTH PLAN NAVIGATOR</b>	<b>PPO</b>	<b>COBRA</b>		75%	25%	25%	25%	25%	25%	25%	25%	25%
Individual		\$619.87	\$619.87	\$464.90	\$154.97	\$35.76	\$42.26	\$44.28	\$48.94	\$71.52	\$88.55	\$185.96
Family		\$1,497.60	\$1,497.60	\$1,123.20	\$374.40	\$86.40	\$102.11	\$106.97	\$118.23	\$172.80	\$213.94	\$449.28
<b>TUFTS HEALTH PLAN SPIRIT</b>	<b>HMO-TYPE</b>	<b>COBRA</b>		84%	16%	16%	16%	16%	16%	16%	16%	16%
Individual		\$500.37	\$500.37	\$420.31	\$80.06	\$18.48	\$21.83	\$22.87	\$25.28	\$36.95	\$45.75	\$96.07
Family		\$1,206.01	\$1,206.01	\$1,013.05	\$192.96	\$44.53	\$52.63	\$55.13	\$60.94	\$89.06	\$110.26	\$231.55
<b>UNICARE STATE INDEMNITY PLAN BASIC/WITH CIC (COMPREHENSIVE)</b>	<b>INDEMNITY</b>	<b>COBRA</b>		75%	25%	25%	25%	25%	25%	25%	25%	25%
Individual		\$936.24	\$936.24	\$702.18	\$234.06	\$54.01	\$63.83	\$66.87	\$73.91	\$108.03	\$133.75	\$280.87
Family		\$2,185.22	\$2,185.22	\$1,638.92	\$546.31	\$126.07	\$148.99	\$156.09	\$172.52	\$252.14	\$312.17	\$655.57
<b>UNICARE STATE INDEMNITY PLAN BASIC/WITHOUT CIC</b>	<b>INDEMNITY</b>	<b>COBRA</b>		75%	25%	25%	25%	25%	25%	25%	25%	25%
Individual		\$893.83	\$893.83	\$670.37	\$223.46	\$51.57	\$60.94	\$63.85	\$70.57	\$103.13	\$127.69	\$268.15
Family		\$2,086.85	\$2,086.85	\$1,565.14	\$521.71	\$120.40	\$142.29	\$149.06	\$164.75	\$240.79	\$298.12	\$626.06
<b>UNICARE STATE INDEMNITY PLAN COMMUNITY CHOICE</b>	<b>PPO-TYPE</b>	<b>COBRA</b>		75%	25%	25%	25%	25%	25%	25%	25%	25%
Individual		\$456.68	\$456.68	\$342.51	\$114.17	\$26.35	\$31.14	\$32.62	\$36.05	\$52.69	\$65.24	\$137.00
Family		\$1,095.99	\$1,095.99	\$821.99	\$274.00	\$63.23	\$74.73	\$78.29	\$86.53	\$126.46	\$156.57	\$328.80
<b>UNICARE STATE INDEMNITY PLAN PLUS</b>	<b>PPO-TYPE</b>	<b>COBRA</b>		75%	25%	25%	25%	25%	25%	25%	25%	25%
Individual		\$656.90	\$656.90	\$492.68	\$164.23	\$37.90	\$44.79	\$46.92	\$51.86	\$75.80	\$93.84	\$197.07
Family		\$1,567.69	\$1,567.69	\$1,175.77	\$391.92	\$90.44	\$106.89	\$111.98	\$123.77	\$180.89	\$223.96	\$470.31
<b>DENTAL</b>												
<b>Dental Blue</b>		<b>COBRA</b>		15%	85%	85%	85%	85%	85%	85%	85%	85%
Individual		\$38.85	\$38.09	\$5.71	\$32.38	\$7.47	\$8.83	\$9.25	\$10.22	\$14.94	\$18.50	\$38.85
Family		\$100.36	\$98.39	\$14.76	\$83.63	\$19.30	\$22.81	\$23.89	\$26.41	\$38.60	\$47.79	\$100.36
<b>Dental Blue PPO</b>		<b>COBRA</b>		15%	85%	85%	85%	85%	85%	85%	85%	85%
Individual		\$38.85	\$38.09	\$5.71	\$32.38	\$7.47	\$8.83	\$9.25	\$10.22	\$14.94	\$18.50	\$38.85
Family		\$100.36	\$98.39	\$14.76	\$83.63	\$19.30	\$22.81	\$23.89	\$26.41	\$38.60	\$47.79	\$100.36

LIFE INSURANCE	ACTUAL MONTHLY RATE	TOWN MONTHLY RATE	MONTHLY EMPLOYEE/ RETIREE SHARE	MONTHLY SHARE FOR 10 MONTH 44, 42, 38, & 21 WEEK	OPTIONAL DEPENDENT PLANS (COVERS ALL CHILDREN IN A FAMILY)	
					Plan 1 @ \$5,000 Plan 2 @ \$10,000	Monthly \$0.95 \$1.90
Basic Life		75%	25%			
Active Employees \$7,500	\$7.44	\$5.58	\$1.86	\$2.23		
Retirees \$5,000	\$5.96	\$4.47	\$1.49			

**OPTIONAL SUPPLEMENTAL INSURANCE PLAN DEPENDS ON DOLLAR AMOUNT THAT EMPLOYEE CHOOSES. UP TO 5 TIMES ANNUAL SALARY COVERAGE MAY NOT EXCEED \$500,000. YOU MAY COVER SPOUSES UP TO \$250,000.**

MEDICARE SUPPLEMENTAL PLANS (RETIRES AND SPOUSES)	ACTUAL MONTHLY RATE	TOWN MONTHLY SHARE	MONTHLY RETIREE SHARE
FALLON SENIOR PLAN HMO*	\$290.79	84% \$244.26	16% \$46.53
HARVARD PILGRIM MEDICARE ENHANCED - INDEMNITY	\$394.79	75% \$296.09	25% \$98.70
HEALTH NEW ENGLAND MED PLUS HMO	\$363.13	84% \$305.03	16% \$58.10
TUFTS HEALTH PLAN MEDICARE COMPLEMENT HMO	\$348.39	84% \$292.65	16% \$55.74
TUFTS MEDICARE PREFERRED*	\$266.56	84% \$223.91	16% \$42.65
UNICARE STATE INDEMNITY PLAN MEDICARE EXT. WITH CIC	\$379.45	75% \$284.59	25% \$94.86
UNICARE STATE INDEMNITY PLAN MEDICARE EXT. WITHOUT CIC	\$368.63	75% \$276.47	25% \$92.16

**AGES**

- Under 34
- 35 - 39
- 40 - 44
- 45 - 49
- 50 - 54
- 55 - 59
- 60 - 64
- 65 - 69

**MONTHLY**

- \$0.90 per 10 thousand
- \$1.20 per 10 thousand
- \$1.90 per 10 thousand
- \$2.80 per 10 thousand
- \$4.70 per 10 thousand
- \$7.90 per 10 thousand
- \$11.40 per 10 thousand
- \$18.40 per 10 thousand

GROUP OPTIONAL INSURANCE - Active Employees and Retirees  
 GROUP VOLUNTARY/DEPENDENT INSURANCE - Active Employees  
 NON-GROUP PLAN C - Active Employees and Retirees  
 NON-GROUP CANCER INSURANCE - Active Employees and Retirees  
 NON-GROUP DISABILITY INSURANCE - Active Employees

*Benefits and rates of Fallon Senior Plan and Tufts Health Plan Medicare Preferred are subject to federal approval and may change January 1, 2015.*