

**GIC Health Plan Rates**  
**MONTHLY RATES AS OF JULY 1, 2016**  
**FOR THE CITY OF SALEM ENROLLEES**

**INCLUDING THE 0.35% ADMINISTRATIVE FEE**

HEALTH PLAN		PLAN TYPE		Retired Municipal Teachers <b>WITHOUT</b> Medicare					
				RMT - Retired on or before July 1, 1990		RMT - Retired after July 1, 1990 through June 30, 2012		RMT - Retired after June 30, 2012	
				10%		15%		30% HMO & POS; 35% Indemnity	
		Individual Coverage	Family Coverage	Individual Coverage	Family Coverage	Individual Coverage	Family Coverage		
Fallon Health Direct Care		HMO	51.97	124.74	77.96	187.11	155.92	374.22	
Fallon Health Select Care		HMO	69.07	165.75	103.60	248.63	207.20	497.26	
Harvard Pilgrim Independence Plan		POS	81.64	199.21	122.46	298.81	244.93	597.62	
Harvard Pilgrim Primary Choice Plan		HMO	61.04	148.94	91.56	223.41	183.21	446.81	
Health New England		HMO	53.49	132.60	80.23	198.91	160.46	397.81	
NHP Prime (Neighborhood Health Plan)		HMO	51.22	135.73	76.83	203.60	153.66	407.20	
Tufts Health Plan Navigator		POS	68.63	167.47	102.95	251.20	205.90	502.40	
Tufts Health Plan Spirit		HMO-type	51.53	124.05	77.30	186.08	154.60	372.16	
UniCare State Indemnity Plan/Basic with CIC (Comprehensive)		Indemnity	139.23	325.08	187.18	437.37	350.84	821.25	
UniCare State Indemnity Plan/Basic without CIC (Non-Comprehensive)		Indemnity	95.91	224.60	143.86	336.89	335.68	786.09	
UniCare State Indemnity Plan/Community Choice		PPO-type	48.76	117.03	73.14	175.55	146.29	351.11	
UniCare State Indemnity Plan/PLUS		PPO-type	65.53	156.61	98.30	234.92	196.60	469.84	

**\*CIC is an enrollee-pay-all benefit.**

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**RATE QUESTIONS?**  
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		<b>Retired Municipal Teachers With Medicare</b>		
		RMT - Retired on or before July 1, 1990	RMT - Retired after July 1, 1990 through June 30, 2012	RMT - Retired after June 30, 2012
		10%	15%	30% HMO 35% Indemnity
HEALTH PLAN	PLAN TYPE	Individual Coverage	Individual Coverage	Individual Coverage
Fallon Senior Plan*	Medicare (HMO)	31.15	46.73	93.46
Harvard Pilgrim Medicare Enhance	Medicare (Indemnity)	43.92	65.88	153.71
Health New England MedPlus	Medicare (HMO)	41.10	61.64	123.29
Tufts Health Plan Medicare Complement	Medicare (HMO)	39.84	59.76	119.52
Tufts Health Plan Medicare Preferred*	Medicare (HMO)	27.45	41.47	82.94
UniCare State Indemnity Plan/Medicare Extension (OME) with CIC (Comprehensive)	Medicare (Indemnity)	47.08	65.28	131.12
UniCare State Indemnity Plan/Medicare Extension (OME) without CIC (Non-Comprehensive)	Medicare (Indemnity)	36.39	54.59	127.38

*\*Benefits and rates of Fallon Senior Plan and Tufts Health Plan Medicare Preferred are subject to federal approval and may change on January 1, 2017.*

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<b>Active Employees, Retirees and Survivors Without Medicare</b>							
		ACTIVE EMPLOYEE		RETIREE		SURVIVOR	
HEALTH PLAN	PLAN TYPE	Individual Coverage	Family Coverage	Individual Coverage	Family Coverage	Individual Coverage	Family Coverage
Fallon Health Direct Care	HMO	129.94	311.85	155.92	374.22	259.87	623.70
Fallon Health Select Care	HMO	172.67	414.39	207.20	497.26	345.33	828.77
Harvard Pilgrim Independence Plan	POS	244.93	597.62	244.93	597.62	408.22	996.04
Harvard Pilgrim Primary Choice Plan	HMO	152.60	372.35	183.12	446.81	305.20	744.69
Health New England	HMO	133.72	331.51	160.46	397.81	267.44	663.02
NHP Prime (Neighborhood Health Plan)	HMO	128.05	339.33	153.66	407.20	256.11	678.66
Tufts Health Plan Navigator	POS	205.90	502.40	205.90	502.40	343.17	837.34
Tufts Health Plan Spirit	HMO-type	128.83	310.13	154.60	372.16	257.66	620.26
UniCare State Indemnity Plan/Basic with CIC (Comprehensive)	Indemnity	350.84	821.25	350.84	821.25	501.21	1173.22
UniCare State Indemnity Plan/Basic without CIC (Non-Comprehensive)	Indemnity	335.68	786.09	335.68	786.09	479.55	1122.98
UniCare State Indemnity Plan/Community Choice	PPO-type	146.29	351.11	146.29	351.11	243.82	585.18
UniCare State Indemnity Plan/PLUS	PPO-type	196.60	469.84	196.60	469.84	327.66	783.07

*HMO: Employees Pay 25%; Retirees w/out Medicare Pay 30%*  
*POS: Employees and Retirees w/out Medicare Pay 30%*  
*Indemnity: Employees and Retirees w/out Medicare Pay 35%*  
*All Plans: Survivors Pay 50%*

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<b>Retirees and Survivors with Medicare</b>			
<b>Retirees with Medicare pay 35% for Indemnity Plans</b> <b>Retirees with Medicare pay 30% for HMO Plans</b> <b>Survivors with Medicare pay 50% for all plans</b>			
		<b>Retiree</b> Pays Per Person	<b>Survivor</b> Pays Per Person
HEALTH PLAN	PLAN TYPE	Individual Coverage	Individual Coverage
Fallon Senior Plan*	Medicare (HMO)	93.46	155.77
Harvard Pilgrim Medicare Enhance	Medicare (Indemnity)	153.71	219.59
Health New England MedPlus	Medicare (HMO)	123.29	205.48
Tufts Health Plan Medicare Complement	Medicare (HMO)	119.52	199.20
Tufts Health Plan Medicare Preferred*	Medicare (HMO)	82.94	138.23
UniCare State Indemnity Plan/Medicare Extension (OME) with CIC (Comprehensive)	Medicare (Indemnity)	131.12	187.32
UniCare State Indemnity Plan/Medicare Extension (OME) without CIC (Non-Comprehensive)	Medicare (Indemnity)	127.38	181.97

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