

**GIC RATES
EFFECTIVE 7-1-2020**

PLAN TYPE	PAY PERIODS	INDIVIDUAL PLAN	FAMILY PLAN
Fallon Direct Care	24	77.32	195.19
<i>HMO</i>	12	154.65	390.37
Fallon Select Care	24	104.52	254.13
<i>HMO</i>	12	209.05	508.26
Harvard Independence	24	114.65	279.90
<i>POS</i>	12	229.30	559.80
Harvard Primary Choice	24	81.93	212.13
<i>HMO</i>	12	163.86	424.26
Tufts Navigator	24	99.88	243.93
<i>POS</i>	12	199.76	487.87
Tufts Plan Spirit	24	75.84	182.69
<i>HMO-Type</i>	12	151.67	365.39
Allways Health Partners Complete	24	85.98	223.68
<i>HMO</i>	12	171.97	447.36
UniCare Basic	24	145.47	322.84
<i>with CIC - Indemnity</i>	12	290.94	645.68
UniCare Community Choice	24	69.07	171.01
<i>PPO-Type</i>	12	138.14	342.01
UniCare PLUS	24	90.47	215.31
<i>PPO-Type</i>	12	180.94	430.63
MEDICARE PLANS	PAY PERIODS	INDIVIDUAL PLAN	FAMILY PLAN
Harvard Medicare (Indemnity)	12	101.01	202.02
Tufts Complement (HMO)	12	95.97	191.94
Tufts Preferred (HMO)	12	81.28	162.57
UniCare Indemnity with CIC	12	99.97	199.93

**GIC RATES
EFFECTIVE 7-1-2020**

Individual Plans HMO & PPO	100% Monthly	Town's Cost 75%	Employee's Cost 25%
Fallon Direct - HMO	618.59	463.94	154.65
Fallon Select - HMO	836.19	627.14	209.05
Harvard Independence	917.18	687.89	229.30
Harvard Primary Choice	655.43	491.57	163.86
Tufts Navigator	799.04	599.28	199.76
Tufts Plan Spirit	606.68	455.01	151.67
Allways Health Partners Complete	687.87	515.90	171.97
UniCare Community Choice	552.57	414.43	138.14
UniCare PLUS	723.74	542.81	180.94
UniCare Basic w/CIC	1163.76	872.82	290.94
UniCare Basic w/o CIC	1107.42	830.57	276.86
Harvard Medicare	404.04	303.03	101.01
Tufts Complement	383.88	287.91	95.97
Tufts Preferred *	325.13	243.85	81.28
UniCare Indemnity with CIC	399.86	299.90	99.97
Family Plans HMO & PPO	100% Monthly	Town's Cost 75%	Employee's Cost 25%
Fallon Direct - HMO	1561.48	1,171.11	390.37
Fallon Select - HMO	2033.04	1,524.78	508.26
Harvard Independence	2239.19	1,679.39	559.80
Harvard Primary Choice	1697.02	1,272.77	424.26
Tufts Navigator	1951.46	1,463.60	487.87
Tufts Plan Spirit	1461.55	1,096.16	365.39
Allways Health Partners Complete	1789.45	1,342.09	447.36
UniCare Community Choice	1368.05	1,026.04	342.01
UniCare PLUS	1722.50	1,291.88	430.63
UniCare Basic w/CIC	2582.71	1,937.03	645.68
UniCare Basic w/o CIC	2454.41	1,840.81	613.60