GIC HEALTH PLAN RATES
MONTHLY RATES AS OF JULY 1, 2022
FOR THE **TOWN OF MIDDLEBOROUGH** ENROLLEES

INCLUDING THE 0.35% ADMINISTRATIVE FEE

EMPLOYEE MONTHLY COST

EMPLOYEES	*For All Employees Hired* ***Before July 1, 2013*** *and Certain Other Employees (see table)*		*For Certain Employees Hired* ***On or After July 1, 2013, July 1, 2014 and July 1, 2016*** *(see table)*	
	HMO Plans 80% Town 20% Employee POS Plans 60% Town 40% Employee PPO Plans 60% Town 40% Employee Indemnity Non Medicare Plans 60% Town 40% Employee		**HMO Plans 70% Town 30% Employee POS Plans 60% Town 40% Employee PPO Plans 60% Town 40% Employee Indemnity Non Medicare Plans 60% Town 40% Employee**	
	Employee Pays Monthly		Employee Pays Monthly	
HEALTH PLAN	**INDIVIDUAL**	**FAMILY**	**INDIVIDUAL**	**FAMILY**
Harvard Pilgrim Independence Plan – POS	**$414.41**	**$1,013.85**	**$414.41**	**$1,013.85**
Harvard Pilgrim Primary Choice Plan - HMO	**$149.34**	**$381.92**	**$224.02**	**$572.87**
Health New England – HMO ******WESTERN MA***	**$133.94**	**$320.43**	**$200.91**	**$480.64**
Always Health Partners Complete – HMO	**$168.89**	**$442.33**	**$253.34**	**$663.49**
Tufts Health Plan Navigator – POS	**$356.46**	**$873.26**	**$356.46**	**$873.26**
Tufts Health Plan Spirit - HMO-type	**$135.15**	**$326.91**	**$202.72**	**$490.36**
UniCare State Indemnity Plan/Basic with CIC (Comprehensive) - Indemnity	**$495.64**	**$1,101.06**	**$495.64**	**$1,101.06**
UniCare State Indemnity Plan/Basic without CIC (Non-Comprehensive) - Indemnity	**$471.97**	**$1,047.18**	**$471.97**	**$1,047.18**
UniCare State Indemnity Plan/Community Choice - PPO-type	**$249.53**	**$621.36**	**$249.53**	**$621.36**
UniCare State Indemnity Plan/PLUS - PPO-type	**$324.56**	**$775.50**	**$324.56**	**$775.50**

Rates are calculated by the Town of Middleborough

RATE QUESTIONS? CALL: 508-946-2420 or 508-946-2421 Contact Sue @ Ext. 1127