

**Town of Weston
GIC Monthly Health Plan Rates
Effective July 1, 2020**

Active Employees, Retirees and Survivors without Medicare

Health Plan	% Responsible for	Monthly \$ Amount for Individual Plan	Monthly \$ Amount for Family Plan
Fallon Health Direct Care	15%	92.79	234.22
Fallon Health Select Care	15%	125.43	304.96
Harvard Pilgrim Independence Plan	17%	155.92	380.66
Harvard Pilgrim Primary Choice Plan	15%	99.81	254.55
Health New England	15%	89.14	212.22
AllWays Health Partners	15%	103.18	268.42
Tufts Health Plan Navigator	17%	135.84	331.75
Tufts Health Plan Spirit	15%	91.00	219.23
UniCare State Indemnity Plan/Basic with CIC (Comprehensive)	35%	407.32	903.95
UniCare State Indemnity Plan/Basic without CIC (Non-Comprehensive)	35%	387.60	859.04
UniCare State Indemnity Plan/Community Choice	17%	93.94	232.57
UniCare State Indemnity Plan/PLUS	17%	123.04	292.83

Retirees and Survivors with Medicare

Health Plan	% Responsible for	Monthly \$ Amount Per Person
Harvard Pilgrim Medicare Enhance	35%	141.41
Health New England MedPlus	35%	141.68
Tufts Health Plan Medicare Complement	35%	134.36
Tufts Health Plan Medicare Preferred*	15%	48.77
UniCare State Indemnity Plan/Medicare Extension (OME) with CIC (Comprehensive)	35%	139.95
UniCare State Indemnity Plan/Medicare Extension (OME) without CIC (Non-Comprehensive)	35%	136.08

****Benefits and rates of Tufts Health Plan Medicare Preferred are subject to federal approval and may change on January 1, 2021.***

Rates are calculated by the Town of Weston Human Resources Department and include the 0.35% Administrative Fee

QUESTIONS? CALL: 781-786-5090

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GIC RETIREE DENTAL PLAN	
Monthly GIC Plan Rates as of July 1, 2020	
\$1,250 Maximum Annual Benefit Per Member	
Coverage Type	Retiree Pays Monthly
Single	\$29.92
Family	\$72.07

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