

Group Insurance Commission - Full Cost Rates

Health Plan	FY19 Full Cost Rates		FY20 Full Cost Rates		% Change	
	Individual Coverage	Family Coverage	Individual Coverage	Family Coverage	Individual Coverage	Family Coverage
UniCare State Indemnity Plan/Basic with CIC	\$1,058.39	\$2,343.45	\$1,086.10	\$2,406.59	2.6%	2.7%
UniCare State Indemnity Plan/PLUS	\$696.09	\$1,654.54	\$696.10	\$1,654.60	0.0%	0.0%
Tufts Health Plan Navigator	\$743.45	\$1,811.87	\$747.76	\$1,822.08	0.6%	0.6%
Fallon Health Select	\$765.62	\$1,855.55	\$811.79	\$1,971.89	6.0%	6.3%
Harvard Pilgrim Independence Plan	\$826.68	\$2,009.40	\$889.65	\$2,171.49	7.6%	8.1%
Health New England	\$550.97	\$1,306.54	\$570.81	\$1,356.54	3.6%	3.8%
AllWays Health Partners (Neighborhood)	\$580.43	\$1,496.10	\$646.93	\$1,677.69	11.5%	12.1%
UniCare State Indemnity Plan/Community Choice	\$502.16	\$1,236.52	\$517.51	\$1,276.96	3.1%	3.3%
Tufts Health Plan Spirit	\$564.24	\$1,355.43	\$565.91	\$1,358.94	0.3%	0.3%
Fallon Health Direct	\$566.29	\$1,422.99	\$600.68	\$1,514.23	6.1%	6.4%
Harvard Pilgrim Primary Choice Plan	\$603.23	\$1,529.10	\$645.80	\$1,646.48	7.1%	7.7%
Tufts Health Plan Medicare Preferred*	\$321.97		\$322.43		0.1%	
Tufts Health Plan Medicare Complement	\$361.73		\$371.50		2.7%	
Harvard Pilgrim Medicare Enhance	\$382.59		\$391.12		2.2%	
Health N E Medicare Supplement Plus	\$386.59		\$391.81		1.4%	
UniCare State Indemnity Plan/Medicare Extension	\$379.67		\$386.93		1.9%	

\* Rates change in January

**Group Health, Life and Dental Insurance Rates for  
ACTIVE EMPLOYEES and NON-MEDICARE ELIGIBLE RETIREES  
Effective July 1, 2019**

**TOWN OF BROOKLINE**

<b>Plan Name</b>	<b>Total Annual Premium</b>	<b>Total Monthly Premium</b>	<b>Town Share Monthly</b>	<b>Employee Monthly</b>	<b>Town/School Employee Weekly (52)</b>	<b>School Employee Weekly (41)</b>	<b>School Employee Bi-Weekly (21)</b>
<b>Always Health Partners (formerly NHP)</b>							
Individual	\$7,763.16	\$646.93	\$536.95	\$109.98	\$25.38	\$32.19	\$62.84
Family	\$20,132.28	\$1,677.69	\$1,392.48	\$285.21	\$65.82	\$83.48	\$162.98
<b>Fallon Community Health Plan Direct Care</b>							
Individual	\$7,208.16	\$600.68	\$498.56	\$102.12	\$23.57	\$29.89	\$58.35
Family	\$18,170.76	\$1,514.23	\$1,256.81	\$257.42	\$59.40	\$75.34	\$147.10
<b>Fallon Community Health Plan Select Care</b>							
Individual	\$9,741.48	\$811.79	\$673.79	\$138.00	\$31.85	\$40.39	\$78.86
Family	\$23,662.68	\$1,971.89	\$1,636.67	\$335.22	\$77.36	\$98.11	\$191.56
<b>Harvard Pilgrim Independence Plan</b>							
Individual	\$10,675.80	\$889.65	\$738.41	\$151.24	\$34.90	\$44.27	\$86.42
Family	\$26,057.88	\$2,171.49	\$1,802.34	\$369.15	\$85.19	\$108.04	\$210.94
<b>Harvard Pilgrim Primary Choice</b>							
Individual	\$7,749.60	\$645.80	\$536.01	\$109.79	\$25.34	\$32.13	\$62.73
Family	\$19,757.76	\$1,646.48	\$1,366.58	\$279.90	\$64.59	\$81.92	\$159.94
<b>Health New England</b>							
Individual	\$6,849.72	\$570.81	\$473.77	\$97.04	\$22.39	\$28.40	\$55.45
Family	\$16,278.48	\$1,356.54	\$1,125.93	\$230.61	\$53.22	\$67.50	\$131.78
<b>Tufts Health Plan Navigator</b>							
Individual	\$8,973.12	\$747.76	\$620.64	\$127.12	\$29.34	\$37.21	\$72.64
Family	\$21,864.96	\$1,822.08	\$1,512.33	\$309.75	\$71.48	\$90.66	\$177.00
<b>Tufts Health Plan Spirit</b>							
Individual	\$6,790.92	\$565.91	\$469.71	\$96.20	\$22.20	\$28.16	\$54.97
Family	\$16,307.28	\$1,358.94	\$1,127.92	\$231.02	\$53.31	\$67.62	\$132.01

**Group Health, Life and Dental Insurance Rates for  
ACTIVE EMPLOYEES and NON-MEDICARE ELIGIBLE RETIREES  
Effective July 1, 2019**

**TOWN OF BROOKLINE**

<b>Plan Name</b>	<b>Total Annual Premium</b>	<b>Total Monthly Premium</b>	<b>Town Share Monthly</b>	<b>Employee Monthly</b>	<b>Town/School Employee Weekly (52)</b>	<b>School Employee Weekly (41)</b>	<b>School Employee Bi-Weekly (21)</b>
<b>Unicare State Indemnity Plan/Basic with CIC*</b>							
Individual	\$13,033.20	\$1,086.10	\$705.97	\$380.14	<b>\$87.72</b>	<b>\$111.26</b>	<b>\$217.22</b>
Family	\$28,879.08	\$2,406.59	\$1,564.28	\$842.31	<b>\$194.38</b>	<b>\$246.53</b>	<b>\$481.32</b>
<b>Unicare State Indemnity Plan/Basic without CIC*</b>							
Individual	\$12,414.48	\$1,034.54	\$672.45	\$362.09	<b>\$83.56</b>	<b>\$105.98</b>	<b>\$206.91</b>
Family	\$27,470.28	\$2,289.19	\$1,487.97	\$801.22	<b>\$184.90</b>	<b>\$234.50</b>	<b>\$457.84</b>
<b>Unicare State Indemnity Plan/Community Choice</b>							
Individual	\$6,210.12	\$517.51	\$429.53	\$87.98	<b>\$20.30</b>	<b>\$25.75</b>	<b>\$50.27</b>
Family	\$15,323.52	\$1,276.96	\$1,059.88	\$217.08	<b>\$50.10</b>	<b>\$63.54</b>	<b>\$124.05</b>
<b>Unicare State Indemnity Plan/PLUS</b>							
Individual	\$8,353.20	\$696.10	\$577.76	\$118.34	<b>\$27.31</b>	<b>\$34.64</b>	<b>\$67.62</b>
Family	\$19,855.20	\$1,654.60	\$1,373.32	\$281.28	<b>\$64.91</b>	<b>\$82.33</b>	<b>\$160.73</b>
<b>Delta Dental Low Option (active ees only)</b>							
Individual	\$217.08	\$18.09	\$0	\$18.09	<b>\$4.17</b>	<b>\$5.29</b>	<b>\$10.34</b>
Individual +1	\$434.16	\$36.18	\$0	\$36.18	<b>\$8.35</b>	<b>\$10.59</b>	<b>\$20.67</b>
Family	\$718.44	\$59.87	\$0	\$59.87	<b>\$13.82</b>	<b>\$17.52</b>	<b>\$34.21</b>
<b>Delta Dental High Option (active ees only)</b>							
Individual	\$720.24	\$60.02	\$0	\$60.02	<b>\$13.85</b>	<b>\$17.57</b>	<b>\$34.30</b>
Individual +1	\$1,307.28	\$108.94	\$0	\$108.94	<b>\$25.14</b>	<b>\$31.88</b>	<b>\$62.25</b>
Family	\$2,054.04	\$171.17	\$0	\$171.17	<b>\$39.50</b>	<b>\$50.10</b>	<b>\$97.81</b>
<b>Life Insurance</b>							
	\$76.20	\$6.35	\$4.76	\$1.59	<b>\$0.37</b>	<b>\$0.46</b>	<b>\$0.91</b>
<b>AFSCME Optional Life Insurance</b>							
	\$5.16	\$0.43	\$0.00	\$0.43	<b>\$0.10</b>	<b>N/A</b>	<b>N/A</b>

1. School Professionals and Paraprofessionals are paid on a bi-weekly basis. Deduction rates are based on 12 months of premiums divided over 21 paychecks. New employees may see an adjusted deduction in the first few pay checks depending on start date and benefit effective date.

2. School employees who are paid weekly but fewer than 52 weeks per year will have 41 benefit deductions withheld from their pay.

\*Currently, the Town pays 83% of the premium and employees/retirees pay 17% of the premium, except for the Indemnity plan for which the Town pays 65% of the premium and the employee/retiree pays 35% of the premium.