

PITTSFIELD PUBLIC SCHOOLS

Pittsfield, Massachusetts

**GIC HEALTH PLAN RATES
JULY 1, 2010 THROUGH JUNE 30, 2011**

**CALL: For Active School Department Employees, call Pam Delmolino at 413-499-9506
For Active City Employees and All retirees, call Nancy Dinofrio at 413-448-9808**

		Employee and Non-Medicare Retiree/ Survivor Pays Monthly %	Employee Monthly Rate	Deduction Amount
Fallon Community Health Plan SELECT CARE	HMO			
	Individual	15%	\$74.90	\$37.45
	Family	15%	\$179.74	\$89.87
Health New England	HMO			
	Individual	15%	\$62.32	\$31.16
	Family	15%	\$154.46	\$77.23
Harvard Pilgrim Independence Plan	PPO			
	Individual	15%	\$90.76	\$45.38
	Family	15%	\$221.66	\$110.83
Harvard Pilgrim Primary Choice Plan				
	Individual	15%	\$72.02	\$36.01
	Family	15%	\$175.92	\$87.96
Navigator by Tufts Health Plan	PPO			
	Individual	15%	\$87.28	\$43.64
	Family	15%	\$211.90	\$105.95
UniCare State Indemnity Plan/ Community Choice	PPO			
	Individual	15%	\$61.20	\$30.60
	Family	15%	\$146.86	\$73.43
UniCare State Indemnity Plan/ PLUS	PPO			
	Individual	15%	\$84.44	\$42.22
	Family	15%	\$201.48	\$100.74
UniCare State Indemnity Plan/Basic with CIC (Comprehensive)	INDEMNITY			
	Individual	15%	\$120.98	\$60.49
	Family	15%	\$282.46	\$141.23

**SEE REVERSE SIDE FOR A LIST OF ADDITIONAL BENEFIT PLANS
Rates are calculated by the City of Pittsfield Benefits Office**

		Employee and Non-Medicare Retiree/ Survivor Pays Monthly %	Employee Monthly Rate	Deduction Amount
Fallon Community Health Plan DIRECT CARE	THIS PLAN IS NOT AVAILABLE IN THIS AREA			
	Individual	15%	\$62.44	\$31.22
	Family	15%	\$149.84	\$74.92
NHP (Neighborhood Health Plan)	THIS PLAN IS NOT AVAILABLE IN THIS AREA			
	Individual	15%	\$62.24	\$31.12
	Family	15%	\$164.92	\$82.46
UniCare State Indemnity Plan/ BASIC without CIC(Non-comprehensive)	THIS PLAN IS NOT AVAILABLE IN THIS AREA			
	Individual	15%	\$115.40	\$57.70
	Family	15%	\$269.52	\$134.76
Tufts Health Plan Spirit-Type	THIS PLAN IS NOT AVAILABLE IN THIS AREA			
	Individual	15%	\$69.26	\$34.63
	Family	15%	\$168.18	\$84.09

		Monthly Rate	Employee Monthly Rate	Deduction Amount
Life Insurance	Active \$10,000 Term	\$11.76	\$5.88	\$2.94
	Retiree \$5,000 Term	\$5.70	\$2.85	
Guardian Dental (Active Employees only)	Individual	\$31.82	\$31.82	\$15.91
	Individual +1	\$60.78	\$60.78	\$30.39
	Family	\$92.60	\$92.60	\$46.30

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RATE QUESTIONS?

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