

PITTSFIELD PUBLIC SCHOOLS

Pittsfield, Massachusetts

GIC HEALTH PLAN RATES

JULY 1, 2011 THROUGH JUNE 30, 2012

(DEDUCTION AMOUNTS DO NOT APPLY FOR BUS OPERATIONS AND CAFETERIA BARGAINING UNITS)

SEE SEPARATE RATE SHEET AND 20 PAY DEDUCTION SCHEDULE

RATE QUESTIONS?

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%	\$83.10	\$41.55
	Family	15%	\$199.44	\$99.72
Health New England	HMO			
	Individual	15%	\$65.58	\$32.79
	Family	15%	\$162.58	\$81.29
Harvard Pilgrim Independence Plan	PPO			
	Individual	15%	\$97.94	\$48.97
	Family	15%	\$238.96	\$119.48
Harvard Pilgrim Primary Choice Plan				
	Individual	15%	\$78.34	\$39.17
	Family	15%	\$191.16	\$95.58
Navigator by Tufts Health Plan	PPO			
	Individual	15%	\$88.56	\$44.28
	Family	15%	\$215.94	\$107.97
UniCare State Indemnity Plan/ Community Choice	PPO			
	Individual	15%	\$66.36	\$33.18
	Family	15%	\$159.24	\$79.62
UniCare State Indemnity Plan/ PLUS	PPO			
	Individual	15%	\$87.16	\$43.58
	Family	15%	\$208.00	\$104.00
UniCare State Indemnity Plan/Basic with CIC (Comprehensive)	INDEMNITY			
	Individual	15%	\$130.04	\$65.02
	Family	15%	\$303.58	\$151.79

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%	\$67.18	\$33.59
	Family	15%	\$161.20	\$80.60
NHP (Neighborhood Health Plan)	THIS PLAN IS NOT AVAILABLE IN THIS AREA			
	Individual	15%	\$67.20	\$33.60
	Family	15%	\$178.08	\$89.04
UniCare State Indemnity Plan/ BASIC without CIC(Non-comprehensive)	THIS PLAN IS NOT AVAILABLE IN THIS AREA			
	Individual	15%	\$124.04	\$62.02
	Family	15%	\$289.66	\$144.83
Tufts Health Plan Spirit-Type	THIS PLAN IS NOT AVAILABLE IN THIS AREA			
	Individual	15%	\$70.84	\$35.42
	Family	15%	\$172.76	\$86.38

		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	\$34.68	\$34.68	\$17.34
	Individual +1	\$66.26	\$66.26	\$33.13
	Family	\$100.94	\$100.94	\$50.47

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