



		MONTHLY GIC PRODUCT RATES EFFECTIVE JULY 1, 2018			
		For Employees Hired Before July 1, 2003		For Employees Hired On or After July 1, 2003	
		20%		25%	
		Employee Pays Monthly		Employee Pays Monthly	
BASIC LIFE INSURANCE ONLY – \$5,000 COVERAGE		\$1.30		\$1.63	
HEALTH PRODUCT (Premium includes Basic Life Insurance)	PRODUCT CATEGORY	INDIVIDUAL	FAMILY	INDIVIDUAL	FAMILY
UniCare State Indemnity Plan/Basic with CIC* (Comprehensive)	National Network	\$251.08	\$556.79	\$301.72	\$668.36
UniCare State Indemnity Plan/Basic without CIC		\$202.53	\$446.25	\$253.17	\$557.82
UniCare State Indemnity Plan/PLUS	Broad Network	\$140.03	\$331.05	\$175.05	\$413.82
Tufts Health Plan Navigator		\$149.47	\$362.41	\$186.85	\$453.02
Fallon Health Select Care		\$153.89	\$371.12	\$192.37	\$463.90
Harvard Pilgrim Independence Plan		\$166.06	\$401.78	\$207.58	\$502.23
Health New England	Regional Network	\$111.11	\$261.70	\$138.89	\$327.13
NHP Prime (Neighborhood Health Plan)		\$116.98	\$299.48	\$146.23	\$374.35
UniCare State Indemnity Plan/ Community Choice	Limited Network	\$101.38	\$247.74	\$126.73	\$309.68
Tufts Health Plan Spirit		\$113.75	\$271.44	\$142.20	\$339.31
Fallon Health Direct Care		\$114.16	\$284.91	\$142.71	\$356.14
Harvard Pilgrim Primary Choice Plan		\$121.53	\$306.05	\$151.91	\$382.57

\* CIC is an enrollee-pay-all benefit.

OPTIONAL LIFE INSURANCE RATES  
Including Accidental Death & Dismemberment

MONTHLY GIC PLAN RATES EFFECTIVE JULY 1, 2018		
ACTIVE EMPLOYEE AGE	SMOKER RATE Per \$1,000 of Coverage	NON-SMOKER RATE Per \$1,000 of Coverage
Under Age 35	\$0.10	\$0.04
35 – 44	\$0.12	\$0.05
45 – 49	\$0.20	\$0.07
50 – 54	\$0.33	\$0.14
55 – 59	\$0.53	\$0.21
60 – 64	\$0.79	\$0.31
65 – 69	\$1.45	\$0.70
70 and over	\$2.57	\$1.16

GIC DENTAL/VISION RATES  
For Managers, Legislators, Legislative Staff and  
Certain Executive Office Staff

MONTHLY GIC DENTAL/VISION RATES EFFECTIVE JULY 1, 2018		
PLAN	INDIVIDUAL COVERAGE	FAMILY COVERAGE
PPO (Value) Plan	\$4.59	\$14.25
Indemnity (Classic) Plan	\$6.16	\$19.11

Only available to active state employees who meet certain criteria  
as outlined in the GIC Benefit Decision Guide.

LONG TERM DISABILITY

MONTHLY GIC PLAN RATES EFFECTIVE JULY 1, 2018	
ACTIVE EMPLOYEE AGE	EMPLOYEE PREMIUM Per \$100 of MONTHLY Earnings
Under Age 24	\$0.08
25 – 29	\$0.10
30 – 34	\$0.14
35 – 39	\$0.17
40 – 44	\$0.35
45 – 49	\$0.47
50 – 54	\$0.57
55 – 59	\$0.70
60 – 64	\$0.67
65 – 69	\$0.38
70 and over	\$0.22