

HEALTH INSURANCE

The University is committed to providing our employees the very best in the health plan choices available. All plans provide comprehensive coverage and the flexibility to make the right choice for you and your family. Choices include Indemnity Plans, a Point of Service (POS) plan, a Preferred Provider Option (PPO) and HMO's. **Coverage is effective on the first of the month following 60 days of employment.**

The plans currently offered include:

INDEMNITY	PPO's/POS	HMO's
<ul style="list-style-type: none"> • Commonwealth Indemnity Plan w/CIC – w/o CIC • Commonwealth Indemnity Plan Plus • Commonwealth Indemnity Community Choice 	<ul style="list-style-type: none"> • Navigator PPO by Tufts Health Plan • Harvard Pilgrim POS 	<ul style="list-style-type: none"> • Fallon Select • Fallon Direct • Neighborhood Health Plan • Health New England

For complete plan details go to: www.mass.gov/gic

COVERAGE

- **When to enroll** - You must enroll as a new hire during your first 30 days of employment, otherwise, you may enroll during the open enrollment period held annually every April/May. **NOTE:** *certain family status changes may enable you to change or enroll other than as a new hire or during open enrollment – contact the Benefits Department for information.*
- Available to employees, spouses, same sex partners* and dependent children under 19 years of age or full-time students to age 24. Students are required to complete student verification forms twice annually. **You must provide a copy of your marriage certificate if covering a spouse or birth certificates if covering any children.**
- During the open enrollment period, you may change your plan.

** As a result of the difference in state and federal tax laws regarding same sex marriages, coverage provided for a same sex partner will incur additional taxable income to you – you should contact the Benefits Department for information.*

NOTE: *If you have coverage provided to you by another source, it is recommended you enroll in the basic life insurance plan only. Enrollment in this plan will enable you to*

enroll at a later date should you lose your coverage. If you do not enroll in basic life and lose your medical coverage, you will not be eligible to enroll in a medical plan until the next open enrollment period.

INSURANCE PREMIUM EMPLOYEE PAYS

For employees hired after June 30, 2003

RATES EFFECTIVE JULY 1, 2005

BASIC LIFE INSURANCE ONLY (\$5,000 OF COVERAGE) - \$1.33 PER MONTH				
HEALTH INSURANCE RATES (Includes Basic Life Insurance)	INDIVIDUAL		FAMILY	
	BI-WEEKLY	MONTHLY	BI-WEEKLY	MONTHLY
Commonwealth Indemnity Plan <i>without CIC</i>	\$75.49	\$150.97	\$170.61	\$341.22
Commonwealth Indemnity Plan <i>with CIC</i>	89.42	178.84	202.93	405.86
Commonwealth Indemnity Plan Plus	55.10	110.20	127.00	253.99
Commonwealth Indemnity Community Choice	46.75	93.50	108.10	216.19
Fallon Community Health Plan – Direct Care	40.67	81.35	96.61	193.22
Fallon Community Health Plan – Select Care	47.53	95.06	111.83	223.66
Harvard Pilgrim HealthCare POS	53.94	107.87	129.42	258.84
Health New England	42.74	85.47	104.87	209.73
Navigator by Tufts Health Plan	51.82	103.63	124.41	248.81
Neighborhood Health Plan	41.69	83.37	109.27	218.53

NOTE: all plans include a \$5,000 life insurance policy.