

GIC HEALTH, DENTAL, VISION, AND LIFE INSURANCE RATES EFFECTIVE 07/01/2021											
MEDICAL			ACTUAL MONTHLY RATE	CITY MONTHLY SHARE	MONTHLY EMPLOYEE SHARE	52 WEEKS EMPLOYEE SHARE	44 WEEKS EMPLOYEE SHARE	38 WEEKS EMPLOYEE SHARE	26 WEEKS EMPLOYEE SHARE	21 WEEKS EMPLOYEE SHARE	10 MONTH EMPLOYEE SHARE
PLAN NAME											
FALLON HEALTH DIRECT CARE	HMO	COBRA		84%	16%	16%	16%	16%	16%	16%	16%
Individual			\$637.52	\$535.52	\$102.00	\$23.54	\$27.82	\$32.21	\$47.08	\$58.29	\$122.40
Family			\$1,611.71	\$1,353.84	\$257.87	\$59.51	\$70.33	\$81.43	\$119.02	\$147.36	\$309.45
FALLON HEALTH SELECT CARE	HMO	COBRA		84%	16%	16%	16%	16%	16%	16%	16%
Individual			\$862.99	\$724.91	\$138.08	\$31.86	\$37.66	\$43.60	\$63.73	\$78.90	\$165.69
Family			\$2,100.58	\$1,764.49	\$336.09	\$77.56	\$91.66	\$106.13	\$155.12	\$192.05	\$403.31
HARVARD PILGRIM INDEPENDENCE	POS	COBRA		77.5%	22.5%	22.5%	22.5%	22.5%	22.5%	22.5%	22.5%
Individual			\$964.26	\$747.30	\$216.96	\$50.07	\$59.17	\$68.51	\$100.13	\$123.98	\$260.35
Family			\$2,356.13	\$1,826.00	\$530.13	\$122.34	\$144.58	\$167.41	\$244.68	\$302.93	\$636.16
HARVARD PILGRIM PRIMARY CHOICE	HMO	COBRA		84%	16%	16%	16%	16%	16%	16%	16%
Individual			\$697.95	\$586.28	\$111.67	\$25.77	\$30.46	\$35.26	\$51.54	\$63.81	\$134.01
Family			\$1,781.96	\$1,496.85	\$285.11	\$65.80	\$77.76	\$90.04	\$131.59	\$162.92	\$342.14
HEALTH NEW ENGLAND	HMO	COBRA		84%	16%	16%	16%	16%	16%	16%	16%
Individual			\$630.33	\$529.48	\$100.85	\$23.27	\$27.51	\$31.85	\$46.55	\$57.63	\$121.02
Family			\$1,504.45	\$1,263.74	\$240.71	\$55.55	\$65.65	\$76.01	\$111.10	\$137.55	\$288.85
ALLWAYS HEALTH PARTNERS COMPLETE	HMO	COBRA		84%	16%	16%	16%	16%	16%	16%	16%
Individual			\$767.96	\$645.09	\$122.87	\$28.36	\$33.51	\$38.80	\$56.71	\$70.21	\$147.45
Family			\$2,005.69	\$1,684.78	\$320.91	\$74.06	\$87.52	\$101.34	\$148.11	\$183.38	\$385.09
TUFTS HEALTH PLAN NAVIGATOR	POS	COBRA		77.5%	22.5%	22.5%	22.5%	22.5%	22.5%	22.5%	22.5%
Individual			\$836.65	\$648.40	\$188.25	\$43.44	\$51.34	\$59.45	\$86.88	\$107.57	\$225.90
Family			\$2,045.93	\$1,585.60	\$460.33	\$106.23	\$125.55	\$145.37	\$212.46	\$263.05	\$552.40
TUFTS HEALTH PLAN SPIRIT	HMO-TYPE	COBRA		84%	16%	16%	16%	16%	16%	16%	16%
Individual			\$638.72	\$536.52	\$102.20	\$23.58	\$27.87	\$32.27	\$47.17	\$58.40	\$122.63
Family			\$1,541.91	\$1,295.20	\$246.71	\$56.93	\$67.28	\$77.91	\$113.86	\$140.97	\$296.05
UNICARE STATE INDEMNITY PLAN BASIC/WITH CIC (COMPREHENSIVE)	INDEMNITY	COBRA		75%	25%	25%	25%	25%	25%	25%	25%
Individual			\$1,204.17	\$903.13	\$301.04	\$69.47	\$82.10	\$95.07	\$138.94	\$172.02	\$361.25
Family			\$2,674.11	\$2,005.58	\$668.53	\$154.28	\$182.33	\$211.11	\$308.55	\$382.02	\$802.23
UNICARE STATE INDEMNITY PLAN BASIC/WITHOUT CIC	INDEMNITY	COBRA		75%	25%	25%	25%	25%	25%	25%	25%
Individual			\$1,143.57	\$857.68	\$285.89	\$65.98	\$77.97	\$90.28	\$131.95	\$163.37	\$343.07
Family			\$2,536.14	\$1,902.11	\$634.04	\$146.32	\$172.92	\$200.22	\$292.63	\$362.31	\$760.84
UNICARE STATE INDEMNITY PLAN COMMUNITY CHOICE	PPO-TYPE	COBRA		75%	25%	25%	25%	25%	25%	25%	25%
Individual			\$593.83	\$445.37	\$148.46	\$34.26	\$40.49	\$46.88	\$68.52	\$84.83	\$178.15
Family			\$1,475.84	\$1,106.88	\$368.96	\$85.14	\$100.63	\$116.51	\$170.29	\$210.83	\$442.75
UNICARE STATE INDEMNITY PLAN PLUS	PPO-TYPE	COBRA		75%	25%	25%	25%	25%	25%	25%	25%
Individual			\$781.99	\$586.49	\$195.50	\$45.11	\$53.32	\$61.74	\$90.23	\$111.71	\$234.60
Family			\$1,866.72	\$1,400.04	\$466.68	\$107.70	\$127.28	\$147.37	\$215.39	\$266.67	\$560.02