

GIC HEALTH, DENTAL, VISION, AND LIFE INSURANCE RATES EFFECTIVE 07/01/2023
Every Paycheck Deductions

MEDICAL			ACTUAL MONTHLY RATE	CITY MONTHLY SHARE	MONTHLY EMPLOYEE SHARE	52 WEEKS EMPLOYEE SHARE	38 WEEKS EMPLOYEE SHARE	26 WEEKS EMPLOYEE SHARE	21 WEEKS EMPLOYEE SHARE	10 MONTH EMPLOYEE SHARE
PLAN NAME (Non-Medicare)										
HARVARD PILGRIM EXPLORER POS	COBRA	Individual	\$976.42	77.5%	22.5%	22.5%	22.5%	22.5%	22.5%	22.5%
		Family	\$2,412.86	\$1,869.97	\$542.89	\$125.28	\$171.44	\$250.57	\$310.22	\$651.47
HARVARD PILGRIM QUALITY HMO	COBRA	Individual	\$721.33	84%	16%	16%	16%	16%	16%	16%
		Family	\$1,829.24	\$1,536.56	\$292.68	\$67.54	\$92.42	\$135.08	\$167.24	\$351.21
HARVARD PILGRIM ACCESS AMERICA PPO-TYPE <i>ONLY IF LIVE OUTSIDE OF NEW ENGLAND</i>	COBRA	Individual	\$1,180.40	75%	25%	25%	25%	25%	25%	25%
		Family	\$2,629.04	\$1,971.78	\$657.26	\$151.68	\$207.56	\$303.35	\$375.58	\$788.71
HEALTH NEW ENGLAND HMO <i>ONLY IF LIVE IN FAR WESTERN MASSACHUSETTS</i>	COBRA	Individual	\$735.00	84%	16%	16%	16%	16%	16%	16%
		Family	\$1,757.61	\$1,476.39	\$281.22	\$64.90	\$88.81	\$129.79	\$160.70	\$337.46
MASS GENERAL BRIGHAM HEALTH HMO	COBRA	Individual	\$892.50	84%	16%	16%	16%	16%	16%	16%
		Family	\$2,352.42	\$1,976.03	\$376.39	\$86.86	\$118.86	\$173.72	\$215.08	\$451.66
UNICARE TOTAL CHOICE INDEMNITY <i>INCLUDES COVERAGE FOR OUT-OF-STATE DEPENDENTS</i>	COBRA	Individual	\$1,348.43	75%	25%	25%	25%	25%	25%	25%
		Family	\$2,983.18	\$2,237.39	\$745.80	\$172.11	\$235.51	\$344.21	\$426.17	\$894.95
UNICARE INDEMNITY: COMMUNITY CHOICE PPO-TYPE	COBRA	Individual	\$676.74	75%	25%	25%	25%	25%	25%	25%
		Family	\$1,669.16	\$1,251.87	\$417.29	\$96.30	\$131.78	\$192.60	\$238.45	\$500.75
UNICARE INDEMNITY: PLUS PPO-TYPE	COBRA	Individual	\$883.99	75%	25%	25%	25%	25%	25%	25%
		Family	\$2,097.98	\$1,573.49	\$524.50	\$121.04	\$165.63	\$242.07	\$299.71	\$629.39

DENTAL			ACTUAL MONTHLY RATE	CITY MONTHLY SHARE	MONTHLY EMPLOYEE SHARE	52 WEEKS EMPLOYEE SHARE	38 WEEKS EMPLOYEE SHARE	26 WEEKS EMPLOYEE SHARE	21 WEEKS EMPLOYEE SHARE	10 MONTH EMPLOYEE SHARE
PLAN NAME										
DELTA DENTAL PPO PLUS PREMIER HIGH	COBRA	Individual \$1250 Cal. Year Max.	\$42.39	15%	85%	85%	85%	85%	85%	85%
		Family \$1250 Cal. Year Max.	\$109.67	\$16.45	\$93.22	\$21.51	\$29.44	\$43.02	\$53.27	\$111.86
DELTA DENTAL PPO PLUS PREMIER LOW	COBRA	Individual \$1000 Cal. Year Max.	\$40.88	15%	85%	85%	85%	85%	85%	85%
		Family \$1000 Cal. Year Max.	\$105.59	\$15.84	\$89.75	\$20.71	\$28.34	\$41.42	\$51.29	\$107.70

GIC HEALTH, DENTAL, VISION, AND LIFE INSURANCE RATES EFFECTIVE 07/01/2023								
Once a Month Deductions								
VISION (Employees & Retirees)	ACTUAL MONTHLY RATE	CITY MONTHLY SHARE	MONTHLY EMPLOYEE SHARE	52 WEEKS EMPLOYEE SHARE	38 WEEKS EMPLOYEE SHARE	26 WEEKS EMPLOYEE SHARE	21 WEEKS EMPLOYEE SHARE	10 MONTH EMPLOYEE SHARE
PLAN NAME								
EYEMED (INSIGHT NETWORK)			100%	100%	100%	100%	100%	100%
Individual Deducted once per month	\$6.26	\$0.00	\$6.26	\$6.26	\$7.51	\$6.26	\$7.51	\$7.51
Family Deducted once per month	\$18.42	\$0.00	\$18.42	\$18.42	\$22.10	\$18.42	\$22.10	\$22.10
LIFE (Deducted once per month)	ACTUAL MONTHLY RATE	CITY MONTHLY RATE	MONTHLY EMPLOYEE/ RETIREE	52 WEEKS EMPLOYEE SHARE	38 WEEKS EMPLOYEE SHARE	26 WEEKS EMPLOYEE SHARE	21 WEEKS EMPLOYEE SHARE	10 MONTH EMPLOYEE SHARE
PLAN NAME								
BASIC LIFE		75%	25%	25%	25%	25%	25%	25%
Active Employees \$7,500	\$9.22	\$6.92	\$2.31	\$2.31	\$2.77	\$2.31	\$2.77	\$2.77
Retirees \$5,000	\$6.15	\$4.61	\$1.54					
MEDICARE SUPPLEMENTAL (Retirees & Spouses)	ACTUAL MONTHLY RATE	CITY MONTHLY SHARE	MONTHLY RETIREE SHARE					
PLAN NAME								
HARVARD PILGRIM MEDICARE ENHANCED - INDEMNITY	\$421.84	75% \$316.38	25% \$105.46					
HEALTH NEW ENGLAND MED PLUS INDEMNITY	\$430.29	75% \$322.72	25% \$107.57					
TUFTS MEDICARE PREFERRED	\$352.75	84% \$296.31	16% \$56.44					
UNICARE STATE INDEMNITY PLAN MEDICARE EXT.	\$425.11	75% \$318.83	25% \$106.28					