

GIC HEALTH, DENTAL, VISION, AND LIFE INSURANCE RATES EFFECTIVE 07/01/2022											
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											
<b>HARVARD PILGRIM INDEPENDENCE</b>	<b>POS</b>	<b>COBRA</b>		77.5%	22.5%	22.5%	22.5%	22.5%	22.5%	22.5%	22.5%
Individual			\$1,036.03	\$802.92	\$233.11	\$53.79	\$63.57	\$73.61	\$107.59	\$133.20	\$279.73
Family			\$2,534.63	\$1,964.34	\$570.29	\$131.61	\$155.53	\$180.09	\$263.21	\$325.88	\$684.35
<b>HARVARD PILGRIM PRIMARY CHOICE</b>	<b>HMO</b>	<b>COBRA</b>		84%	16%	16%	16%	16%	16%	16%	16%
Individual			\$746.72	\$627.24	\$119.48	\$27.57	\$32.58	\$37.73	\$55.14	\$68.27	\$143.37
Family			\$1,909.58	\$1,604.05	\$305.53	\$70.51	\$83.33	\$96.48	\$141.02	\$174.59	\$366.64
<b>HEALTH NEW ENGLAND</b>	<b>HMO</b>	<b>COBRA</b>		84%	16%	16%	16%	16%	16%	16%	16%
Individual			\$669.71	\$562.56	\$107.15	\$24.73	\$29.22	\$33.84	\$49.46	\$61.23	\$128.58
Family			\$1,602.13	\$1,345.79	\$256.34	\$59.16	\$69.91	\$80.95	\$118.31	\$146.48	\$307.61
<b>ALLWAYS HEALTH PARTNERS COMPLETE</b>	<b>HMO</b>	<b>COBRA</b>		84%	16%	16%	16%	16%	16%	16%	16%
Individual			\$844.47	\$709.35	\$135.12	\$31.18	\$36.85	\$42.67	\$62.36	\$77.21	\$162.14
Family			\$2,211.64	\$1,857.78	\$353.86	\$81.66	\$96.51	\$111.75	\$163.32	\$202.21	\$424.63
<b>TUFTS HEALTH PLAN NAVIGATOR</b>	<b>POS</b>	<b>COBRA</b>		77.5%	22.5%	22.5%	22.5%	22.5%	22.5%	22.5%	22.5%
Individual			\$891.16	\$690.65	\$200.51	\$46.27	\$54.68	\$63.32	\$92.54	\$114.58	\$240.61
Family			\$2,183.15	\$1,691.94	\$491.21	\$113.36	\$133.97	\$155.12	\$226.71	\$280.69	\$589.45
<b>TUFTS HEALTH PLAN SPIRIT</b>	<b>HMO-TYPE</b>	<b>COBRA</b>		84%	16%	16%	16%	16%	16%	16%	16%
Individual			\$675.73	\$567.61	\$108.12	\$24.95	\$29.49	\$34.14	\$49.90	\$61.78	\$129.74
Family			\$1,634.54	\$1,373.01	\$261.53	\$60.35	\$71.33	\$82.59	\$120.70	\$149.44	\$313.83
<b>UNICARE STATE INDEMNITY PLAN BASIC/WITH CIC (COMPREHENSIVE)</b>	<b>INDEMNITY</b>	<b>COBRA</b>		75%	25%	25%	25%	25%	25%	25%	25%
Individual			\$1,239.09	\$929.32	\$309.77	\$71.49	\$84.48	\$97.82	\$142.97	\$177.01	\$371.73
Family			\$2,752.65	\$2,064.49	\$688.16	\$158.81	\$187.68	\$217.31	\$317.61	\$393.24	\$825.80
<b>UNICARE STATE INDEMNITY PLAN BASIC/WITHOUT CIC</b>	<b>INDEMNITY</b>	<b>COBRA</b>		75%	25%	25%	25%	25%	25%	25%	25%
Individual			\$1,179.92	\$884.94	\$294.98	\$68.07	\$80.45	\$93.15	\$136.14	\$168.56	\$353.98
Family			\$2,617.94	\$1,963.46	\$654.49	\$151.04	\$178.50	\$206.68	\$302.07	\$373.99	\$785.38
<b>UNICARE STATE INDEMNITY PLAN COMMUNITY CHOICE</b>	<b>PPO-TYPE</b>	<b>COBRA</b>		75%	25%	25%	25%	25%	25%	25%	25%
Individual			\$623.83	\$467.87	\$155.96	\$35.99	\$42.53	\$49.25	\$71.98	\$89.12	\$187.15
Family			\$1,553.41	\$1,165.06	\$388.35	\$89.62	\$105.91	\$122.64	\$179.24	\$221.92	\$466.02
<b>UNICARE STATE INDEMNITY PLAN PLUS</b>	<b>PPO-TYPE</b>	<b>COBRA</b>		75%	25%	25%	25%	25%	25%	25%	25%
Individual			\$811.39	\$608.54	\$202.85	\$46.81	\$55.32	\$64.06	\$93.62	\$115.91	\$243.42
Family			\$1,938.75	\$1,454.06	\$484.69	\$111.85	\$132.19	\$153.06	\$223.70	\$276.96	\$581.63

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DENTAL		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										
<b>DELTA DENTAL PPO PLUS PREMIER HIGH</b>	<b>COBRA</b>		15%	85%	85%	85%	85%	85%	85%	85%
Individual \$1250 Cal. Year Max.		\$42.39	\$6.36	\$36.03	\$8.31	\$9.83	\$11.38	\$16.63	\$20.59	\$43.24
Family \$1250 Cal. Year Max.		\$109.67	\$16.45	\$93.22	\$21.51	\$25.42	\$29.44	\$43.02	\$53.27	\$111.86
<b>DELTA DENTAL PPO PLUS PREMIER LOW</b>	<b>COBRA</b>		15%	85%	85%	85%	85%	85%	85%	85%
Individual \$1000 Cal. Year Max.		\$40.88	\$6.13	\$34.75	\$8.02	\$9.48	\$10.97	\$16.04	\$19.86	\$41.70
Family \$1000 Cal. Year Max.		\$105.59	\$15.84	\$89.75	\$20.71	\$24.48	\$28.34	\$41.42	\$51.29	\$107.70
VISION (Employees & Retirees)		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										
<b>EYEMED (INSIGHT NETWORK)</b>				100%	100%	100%	100%	100%	100%	100%
Individual Deducted once per month		\$6.26	\$0.00	\$6.26	\$6.26	\$7.51	\$7.51	\$6.26	\$7.51	\$7.51
Family Deducted once per month		\$18.42	\$0.00	\$18.42	\$18.42	\$22.10	\$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	44 WEEKS EMPLOYEE SHARE	38 WEEKS EMPLOYEE SHARE	26 WEEKS EMPLOYEE SHARE	21 WEEKS EMPLOYEE SHARE	10 MONTH EMPLOYEE SHARE
PLAN NAME										
<b>BASIC LIFE</b>			75%	25%	25%	25%	25%	25%	25%	25%
Active Employees \$7,500		\$9.22	\$6.92	\$2.31	\$2.31	\$2.77	\$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										
<b>HARVARD PILGRIM MEDICARE ENHANCED - INDEMNITY</b>		\$423.97	75%	25%						
			\$317.98	\$105.99						
<b>HEALTH NEW ENGLAND MED PLUS INDEMNITY</b>		\$430.29	75%	25%						
			\$322.72	\$107.57						
<b>TUFTS HEALTH PLAN MEDICARE COMPLEMENT INDEMNITY</b>		\$406.02	75%	25%						
			\$304.52	\$101.51						
<b>TUFTS MEDICARE PREFERRED</b>		\$345.42	84%	16%						
			\$290.15	\$55.27						
<b>UNICARE STATE INDEMNITY PLAN MEDICARE EXT. WITH CIC</b>		\$413.37	75%	25%						
			\$310.03	\$103.34						
<b>UNICARE STATE INDEMNITY PLAN MEDICARE EXT. WITHOUT CIC</b>		\$402.01	75%	25%						
			\$301.51	\$100.50						