

GIC HEALTH, DENTAL, VISION, AND LIFE INSURANCE RATES EFFECTIVE 07/01/2024										
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		77.5%	22.5%	22.5%	22.5%	22.5%	22.5%	22.5%
Individual			\$1,067.87	\$827.60	\$240.27	\$55.45	\$75.87	\$110.89	\$137.30	\$288.32
Family			\$2,645.90	\$2,050.57	\$595.33	\$137.38	\$188.00	\$274.77	\$340.19	\$714.39
HARVARD PILGRIM QUALITY HMO		COBRA		84%	16%	16%	16%	16%	16%	16%
Individual			\$788.04	\$661.95	\$126.09	\$29.10	\$39.82	\$58.19	\$72.05	\$151.30
Family			\$2,005.81	\$1,684.88	\$320.93	\$74.06	\$101.35	\$148.12	\$183.39	\$385.12
HARVARD PILGRIM ACCESS AMERICA PPO-TYPE		COBRA		75%	25%	25%	25%	25%	25%	25%
Individual	ONLY IF LIVE OUTSIDE OF NEW ENGLAND		\$1,259.39	\$944.54	\$314.85	\$72.66	\$99.43	\$145.31	\$179.91	\$377.82
Family			\$2,809.26	\$2,106.95	\$702.32	\$162.07	\$221.78	\$324.15	\$401.32	\$842.78
HEALTH NEW ENGLAND HMO		COBRA		84%	16%	16%	16%	16%	16%	16%
Individual	ONLY IF LIVE IN FAR WESTERN MASSACHUSETTS		\$778.25	\$653.73	\$124.52	\$28.74	\$39.32	\$57.47	\$71.15	\$149.42
Family			\$1,866.96	\$1,568.25	\$298.71	\$68.93	\$94.33	\$137.87	\$170.69	\$358.46
MASS GENERAL BRIGHAM HEALTH HMO		COBRA		84%	16%	16%	16%	16%	16%	16%
Individual			\$977.66	\$821.23	\$156.43	\$36.10	\$49.40	\$72.20	\$89.39	\$187.71
Family			\$2,585.42	\$2,171.75	\$413.67	\$95.46	\$130.63	\$190.92	\$236.38	\$496.40
WELLPOINT TOTAL CHOICE INDEMNITY		COBRA		75%	25%	25%	25%	25%	25%	25%
Individual	INCLUDES COVERAGE FOR OUT-OF-STATE DEPENDENTS		\$1,501.35	\$1,126.01	\$375.34	\$86.62	\$118.53	\$173.23	\$214.48	\$450.41
Family			\$3,331.72	\$2,498.79	\$832.93	\$192.21	\$263.03	\$384.43	\$475.96	\$999.52
WELLPOINT COMMUNITY CHOICE PPO-TYPE		COBRA		75%	25%	25%	25%	25%	25%	25%
Individual			\$744.97	\$558.73	\$186.24	\$42.98	\$58.81	\$85.96	\$106.42	\$223.49
Family			\$1,849.09	\$1,386.82	\$462.27	\$106.68	\$145.98	\$213.36	\$264.16	\$554.73
WELLPOINT PLUS PPO-TYPE		COBRA		75%	25%	25%	25%	25%	25%	25%
Individual			\$958.62	\$718.97	\$239.66	\$55.31	\$75.68	\$110.61	\$136.95	\$287.59
Family			\$2,284.05	\$1,713.04	\$571.01	\$131.77	\$180.32	\$263.54	\$326.29	\$685.22

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		15%	85%	85%	85%	85%	85%	85%
Individual	\$1250 Cal. Year Max.		\$44.09	\$6.61	\$37.48	\$8.65	\$11.83	\$17.30	\$21.42	\$44.97
Family	\$1250 Cal. Year Max.		\$114.06	\$17.11	\$96.95	\$22.37	\$30.62	\$44.75	\$55.40	\$116.34
DELTA DENTAL PPO PLUS PREMIER LOW		COBRA		15%	85%	85%	85%	85%	85%	85%
Individual	\$1000 Cal. Year Max.		\$42.52	\$6.38	\$36.14	\$8.34	\$11.41	\$16.68	\$20.65	\$43.37
Family	\$1000 Cal. Year Max.		\$109.81	\$16.47	\$93.34	\$21.54	\$29.48	\$43.08	\$53.34	\$112.01

GIC HEALTH, DENTAL, VISION, AND LIFE INSURANCE RATES EFFECTIVE 07/01/2024								
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	\$436.13	75% \$327.10	25% \$109.03					
HEALTH NEW ENGLAND MED PLUS INDEMNITY	\$438.79	75% \$329.09	25% \$109.70					
TUFTS MEDICARE PREFERRED	\$363.84	84% \$305.63	16% \$58.21					
WELLPOINT MEDICARE EXT.	\$444.68	75% \$333.51	25% \$111.17					