

GIC HEALTH, DENTAL, VISION, AND LIFE INSURANCE RATES EFFECTIVE 07/01/2025
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 | 22 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 | | \$1,187.97 | \$920.68 | \$267.29 | \$61.68 | \$84.41 | \$123.37 | \$145.80 | \$320.75 |
| Family | | | \$2,941.06 | \$2,279.32 | \$661.74 | \$152.71 | \$208.97 | \$305.42 | \$360.95 | \$794.09 |
| HARVARD PILGRIM QUALITY | HMO | COBRA | | 84% | 16% | 16% | 16% | 16% | 16% | 16% |
| | Individual | | \$885.63 | \$743.93 | \$141.70 | \$32.70 | \$44.75 | \$65.40 | \$77.29 | \$170.04 |
| Family | | | \$2,252.51 | \$1,892.11 | \$360.40 | \$83.17 | \$113.81 | \$166.34 | \$196.58 | \$432.48 |
| HARVARD PILGRIM ACCESS AMERICA | PPO-TYPE | COBRA | | 75% | 25% | 25% | 25% | 25% | 25% | 25% |
| | Individual | | \$1,438.62 | \$1,078.97 | \$359.66 | \$83.00 | \$113.58 | \$165.99 | \$196.18 | \$431.59 |
| Family | | | \$3,208.78 | \$2,406.59 | \$802.20 | \$185.12 | \$253.32 | \$370.24 | \$437.56 | \$962.63 |
| HEALTH NEW ENGLAND | HMO | COBRA | | 84% | 16% | 16% | 16% | 16% | 16% | 16% |
| | Individual | | \$859.36 | \$721.86 | \$137.50 | \$31.73 | \$43.42 | \$63.46 | \$75.00 | \$165.00 |
| Family | | | \$2,061.16 | \$1,731.37 | \$329.79 | \$76.10 | \$104.14 | \$152.21 | \$179.88 | \$395.74 |
| MASS GENERAL BRIGHAM HEALTH COMPLETE | HMO | COBRA | | 84% | 16% | 16% | 16% | 16% | 16% | 16% |
| | Individual | | \$1,091.46 | \$916.83 | \$174.63 | \$40.30 | \$55.15 | \$80.60 | \$95.25 | \$209.56 |
| Family | | | \$2,884.58 | \$2,423.05 | \$461.53 | \$106.51 | \$145.75 | \$213.02 | \$251.75 | \$553.84 |
| WELLPOINT TOTAL CHOICE | INDEMNITY | COBRA | | 75% | 25% | 25% | 25% | 25% | 25% | 25% |
| | Individual | | \$1,754.60 | \$1,315.95 | \$438.65 | \$101.23 | \$138.52 | \$202.45 | \$239.26 | \$526.38 |
| Family | | | \$3,899.83 | \$2,924.87 | \$974.96 | \$224.99 | \$307.88 | \$449.98 | \$531.80 | \$1,169.95 |
| WELLPOINT COMMUNITY CHOICE | PPO-TYPE | COBRA | | 75% | 25% | 25% | 25% | 25% | 25% | 25% |
| | Individual | | \$837.38 | \$628.04 | \$209.35 | \$48.31 | \$66.11 | \$96.62 | \$114.19 | \$251.21 |
| Family | | | \$2,081.29 | \$1,560.97 | \$520.32 | \$120.07 | \$164.31 | \$240.15 | \$283.81 | \$624.39 |
| WELLPOINT PLUS | PPO-TYPE | COBRA | | 75% | 25% | 25% | 25% | 25% | 25% | 25% |
| | Individual | | \$1,092.03 | \$819.02 | \$273.01 | \$63.00 | \$86.21 | \$126.00 | \$148.91 | \$327.61 |
| Family | | | \$2,606.03 | \$1,954.52 | \$651.51 | \$150.35 | \$205.74 | \$300.70 | \$355.37 | \$781.81 |

| DENTAL | | | ACTUAL MONTHLY RATE | CITY MONTHLY SHARE | MONTHLY EMPLOYEE SHARE | 52 WEEKS EMPLOYEE SHARE | 38 WEEKS EMPLOYEE SHARE | 26 WEEKS EMPLOYEE SHARE | 22 WEEKS EMPLOYEE SHARE | 10 MONTH EMPLOYEE SHARE |
|------------------------------------|------------|-------|---------------------|--------------------|------------------------|-------------------------|-------------------------|-------------------------|-------------------------|-------------------------|
| PLAN NAME | | | | | | | | | | |
| DELTA DENTAL PPO PLUS PREMIER HIGH | | COBRA | | 15% | 85% | 85% | 85% | 85% | 85% | 85% |
| | Individual | | \$44.09 | \$6.61 | \$37.48 | \$8.65 | \$11.83 | \$17.30 | \$20.44 | \$44.97 |
| Family | | | \$114.06 | \$17.11 | \$96.95 | \$22.37 | \$30.62 | \$44.75 | \$52.88 | \$116.34 |
| DELTA DENTAL PPO PLUS PREMIER LOW | | COBRA | | 15% | 85% | 85% | 85% | 85% | 85% | 85% |
| | Individual | | \$42.52 | \$6.38 | \$36.14 | \$8.34 | \$11.41 | \$16.68 | \$19.71 | \$43.37 |
| Family | | | \$109.81 | \$16.47 | \$93.34 | \$21.54 | \$29.48 | \$43.08 | \$50.91 | \$112.01 |

| GIC HEALTH, DENTAL, VISION, AND LIFE INSURANCE RATES EFFECTIVE 07/01/2025 | | | | | | | | |
|---|---------------------------|--------------------------|---------------------------------|-------------------------------|-------------------------------|-------------------------------|-------------------------------|-------------------------------|
| 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 | 22 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 | 22 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 | \$468.22 | 75% \$351.17 | 25% \$117.06 | | | | | |
| HEALTH NEW ENGLAND MED PLUS INDEMNITY | \$470.71 | 75% \$353.03 | 25% \$117.68 | | | | | |
| TUFTS MEDICARE PREFERRED | \$391.19 | 84% \$328.60 | 16% \$62.59 | | | | | |
| WELLPOINT MEDICARE EXT. | \$476.33 | 75% \$357.25 | 25% \$119.08 | | | | | |