

GIC HEALTH, DENTAL, VISION, AND LIFE INSURANCE RATES EFFECTIVE 07/01/2021										
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										
DELTA DENTAL PPO PLUS PREMIER HIGH			15%	85%	85%	85%	85%	85%	85%	85%
Individual	\$1250 Cal. Year Max.	\$39.99	\$6.00	\$33.99	\$7.84	\$9.27	\$10.73	\$15.69	\$19.42	\$40.79
Family	\$1250 Cal. Year Max.	\$103.45	\$15.52	\$87.93	\$20.29	\$23.98	\$27.77	\$40.58	\$50.25	\$105.52
DELTA DENTAL PPO PLUS PREMIER LOW			15%	85%	85%	85%	85%	85%	85%	85%
Individual	\$1000 Cal. Year Max.	\$38.57	\$5.79	\$32.78	\$7.57	\$8.94	\$10.35	\$15.13	\$18.73	\$39.34
Family	\$1000 Cal. Year Max.	\$99.61	\$14.94	\$84.67	\$19.54	\$23.09	\$26.74	\$39.08	\$48.38	\$101.60
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										
EYEMED (INSIGHT NETWORK)				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										
BASIC LIFE			75%	25%	25%	25%	25%	25%	25%	25%
Active Employees	\$7,500	\$7.42	\$5.57	\$1.86	\$1.86	\$2.23	\$2.23	\$1.86	\$2.23	\$2.23
Retirees	\$5,000	\$4.95	\$3.71	\$1.24						
MEDICARE SUPPLEMENTAL (Retirees & Spouces)		ACTUAL MONTHLY RATE	CITY MONTHLY SHARE	MONTHLY RETIREE SHARE						
PLAN NAME										
HARVARD PILGRIM MEDICARE ENHANCED - INDEMNITY		\$413.42	75%	25%						
HEALTH NEW ENGLAND MED PLUS INDEMNITY		\$414.18	75%	25%						
TUFTS HEALTH PLAN MEDICARE COMPLEMENT INDEMNITY		\$392.59	75%	25%						
TUFTS MEDICARE PREFERRED		\$332.70	84%	16%						
UNICARE STATE INDEMNITY PLAN MEDICARE EXT. WITH CIC		\$408.84	75%	25%						
UNICARE STATE INDEMNITY PLAN MEDICARE EXT. WITHOUT CIC		\$397.12	75%	25%						