

GIC HEALTH, DENTAL, VISION, AND LIFE INSURANCE RATES EFFECTIVE 07/01/2021											
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											
FALLON HEALTH DIRECT CARE HMO				84%	16%	16%	16%	16%	16%	16%	16%
Individual			\$637.52	\$535.52	\$102.00	\$23.54	\$27.82	\$32.21	\$47.08	\$58.29	\$122.40
Family			\$1,611.71	\$1,353.84	\$257.87	\$59.51	\$70.33	\$81.43	\$119.02	\$147.36	\$309.45
FALLON HEALTH SELECT CARE HMO				84%	16%	16%	16%	16%	16%	16%	16%
Individual			\$862.99	\$724.91	\$138.08	\$31.86	\$37.66	\$43.60	\$63.73	\$78.90	\$165.69
Family			\$2,100.58	\$1,764.49	\$336.09	\$77.56	\$91.66	\$106.13	\$155.12	\$192.05	\$403.31
HARVARD PILGRIM INDEPENDENCE POS				77.5%	22.5%	22.5%	22.5%	22.5%	22.5%	22.5%	22.5%
Individual			\$964.26	\$747.30	\$216.96	\$50.07	\$59.17	\$68.51	\$100.13	\$123.98	\$260.35
Family			\$2,356.13	\$1,826.00	\$530.13	\$122.34	\$144.58	\$167.41	\$244.68	\$302.93	\$636.16
HARVARD PILGRIM PRIMARY CHOICE HMO				84%	16%	16%	16%	16%	16%	16%	16%
Individual			\$697.95	\$586.28	\$111.67	\$25.77	\$30.46	\$35.26	\$51.54	\$63.81	\$134.01
Family			\$1,781.96	\$1,496.85	\$285.11	\$65.80	\$77.76	\$90.04	\$131.59	\$162.92	\$342.14
HEALTH NEW ENGLAND HMO				84%	16%	16%	16%	16%	16%	16%	16%
Individual			\$630.33	\$529.48	\$100.85	\$23.27	\$27.51	\$31.85	\$46.55	\$57.63	\$121.02
Family			\$1,504.45	\$1,263.74	\$240.71	\$55.55	\$65.65	\$76.01	\$111.10	\$137.55	\$288.85
ALLWAYS HEALTH PARTNERS COMPLETE HMO				84%	16%	16%	16%	16%	16%	16%	16%
Individual			\$767.96	\$645.09	\$122.87	\$28.36	\$33.51	\$38.80	\$56.71	\$70.21	\$147.45
Family			\$2,005.69	\$1,684.78	\$320.91	\$74.06	\$87.52	\$101.34	\$148.11	\$183.38	\$385.09
TUFTS HEALTH PLAN NAVIGATOR POS				77.5%	22.5%	22.5%	22.5%	22.5%	22.5%	22.5%	22.5%
Individual			\$836.65	\$648.40	\$188.25	\$43.44	\$51.34	\$59.45	\$86.88	\$107.57	\$225.90
Family			\$2,045.93	\$1,585.60	\$460.33	\$106.23	\$125.55	\$145.37	\$212.46	\$263.05	\$552.40
TUFTS HEALTH PLAN SPIRIT HMO-TYPE				84%	16%	16%	16%	16%	16%	16%	16%
Individual			\$638.72	\$536.52	\$102.20	\$23.58	\$27.87	\$32.27	\$47.17	\$58.40	\$122.63
Family			\$1,541.91	\$1,295.20	\$246.71	\$56.93	\$67.28	\$77.91	\$113.86	\$140.97	\$296.05
UNICARE STATE INDEMNITY PLAN BASIC/WITH CIC (COMPREHENSIVE) INDEMNITY				75%	25%	25%	25%	25%	25%	25%	25%
Individual			\$1,204.17	\$903.13	\$301.04	\$69.47	\$82.10	\$95.07	\$138.94	\$172.02	\$361.25
Family			\$2,674.11	\$2,005.58	\$668.53	\$154.28	\$182.33	\$211.11	\$308.55	\$382.02	\$802.23
UNICARE STATE INDEMNITY PLAN BASIC/WITHOUT CIC INDEMNITY				75%	25%	25%	25%	25%	25%	25%	25%
Individual			\$1,143.57	\$857.68	\$285.89	\$65.98	\$77.97	\$90.28	\$131.95	\$163.37	\$343.07
Family			\$2,536.14	\$1,902.11	\$634.04	\$146.32	\$172.92	\$200.22	\$292.63	\$362.31	\$760.84
UNICARE STATE INDEMNITY PLAN COMMUNITY CHOICE PPO-TYPE				75%	25%	25%	25%	25%	25%	25%	25%
Individual			\$593.83	\$445.37	\$148.46	\$34.26	\$40.49	\$46.88	\$68.52	\$84.83	\$178.15
Family			\$1,475.84	\$1,106.88	\$368.96	\$85.14	\$100.63	\$116.51	\$170.29	\$210.83	\$442.75
UNICARE STATE INDEMNITY PLAN PLUS PPO-TYPE				75%	25%	25%	25%	25%	25%	25%	25%
Individual			\$781.99	\$586.49	\$195.50	\$45.11	\$53.32	\$61.74	\$90.23	\$111.71	\$234.60
Family			\$1,866.72	\$1,400.04	\$466.68	\$107.70	\$127.28	\$147.37	\$215.39	\$266.67	\$560.02