



CITY OF LAWRENCE
Government Insurance Commission (GIC)
Health Plan Rates (0.35% GIC Admin Fee included)
Effective July 1, 2021

52 Work Week Employee (26 Payperiod)
Hired After June 30, 2003 (25% Rate)

| Plan | Plan Type | Monthly Rate | City Monthly | Employee Monthly | Employee Weekly | Annual City Contribution | Annual Employee Contribution | Employee Bi-Weekly Deductions | Bi-Weekly City Cont. |
|------|-----------|--------------|--------------|------------------|-----------------|--------------------------|------------------------------|-------------------------------|----------------------|
|------|-----------|--------------|--------------|------------------|-----------------|--------------------------|------------------------------|-------------------------------|----------------------|

Fallon Community Health Plan Direct



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|------------|--|------------|------------|----------|---------|-------------|------------|-----------------|----------|
| Individual | | \$637.52 | \$478.14 | \$159.38 | \$36.78 | \$5,737.68 | \$1,912.56 | \$73.56 | \$220.68 |
| Family | | \$1,611.71 | \$1,208.78 | \$402.93 | \$92.98 | \$14,505.39 | \$4,835.13 | \$185.97 | \$557.90 |

Fallon Community Health Plan Select Care



| | | | | | | | | | |
|------------|--|------------|------------|----------|----------|-------------|------------|-----------------|----------|
| Individual | | \$862.99 | \$647.24 | \$215.75 | \$49.79 | \$7,766.91 | \$2,588.97 | \$99.58 | \$298.73 |
| Family | | \$2,100.58 | \$1,575.44 | \$525.15 | \$121.19 | \$18,905.22 | \$6,301.74 | \$242.37 | \$727.12 |

Harvard Pilgrim Independence Plan



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|------------|--|------------|------------|----------|----------|-------------|------------|-----------------|----------|
| Individual | | \$964.26 | \$723.20 | \$241.07 | \$55.63 | \$8,678.34 | \$2,892.78 | \$111.26 | \$333.78 |
| Family | | \$2,356.13 | \$1,767.10 | \$589.03 | \$135.93 | \$21,205.17 | \$7,068.39 | \$271.86 | \$815.58 |

Harvard Pilgrim Primary Choice



| | | | | | | | | | |
|------------|--|------------|------------|----------|----------|-------------|------------|-----------------|----------|
| Individual | | \$697.95 | \$523.46 | \$174.49 | \$40.27 | \$6,281.55 | \$2,093.85 | \$80.53 | \$241.60 |
| Family | | \$1,781.96 | \$1,336.47 | \$445.49 | \$102.81 | \$16,037.64 | \$5,345.88 | \$205.61 | \$616.83 |

Health New England



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|------------|--|------------|------------|----------|---------|-------------|------------|-----------------|----------|
| Individual | | \$630.33 | \$472.75 | \$157.58 | \$36.37 | \$5,672.97 | \$1,890.99 | \$72.73 | \$218.19 |
| Family | | \$1,504.45 | \$1,128.34 | \$376.11 | \$86.80 | \$13,540.05 | \$4,513.35 | \$173.59 | \$520.77 |

Always Health Partners



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|------------|--|------------|------------|----------|----------|-------------|------------|-----------------|----------|
| Individual | | \$767.96 | \$575.97 | \$191.99 | \$44.31 | \$6,911.64 | \$2,303.88 | \$88.61 | \$265.83 |
| Family | | \$2,005.69 | \$1,504.27 | \$501.42 | \$115.71 | \$18,051.21 | \$6,017.07 | \$231.43 | \$694.28 |

Tufts Health Plan Navigator



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|------------|--|------------|------------|----------|----------|-------------|------------|-----------------|----------|
| Individual | | \$836.65 | \$627.49 | \$209.16 | \$48.27 | \$7,529.85 | \$2,509.95 | \$96.54 | \$289.61 |
| Family | | \$2,045.93 | \$1,534.45 | \$511.48 | \$118.03 | \$18,413.37 | \$6,137.79 | \$236.07 | \$708.21 |

Tufts Health Plan Spirit



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|------------|--|------------|------------|----------|---------|-------------|------------|-----------------|----------|
| Individual | | \$638.72 | \$479.04 | \$159.68 | \$36.85 | \$5,748.48 | \$1,916.16 | \$73.70 | \$221.10 |
| Family | | \$1,541.91 | \$1,156.43 | \$385.48 | \$88.96 | \$13,877.19 | \$4,625.73 | \$177.91 | \$533.74 |

UniCare State Indemnity Plan/Basic with CIC (Comprehensive)



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|------------|--|------------|------------|----------|----------|-------------|------------|-----------------|----------|
| Individual | | \$1,204.17 | \$857.68 | \$346.49 | \$79.96 | \$10,292.13 | \$4,157.91 | \$159.92 | \$395.85 |
| Family | | \$2,674.11 | \$1,902.11 | \$772.01 | \$178.16 | \$22,825.26 | \$9,264.06 | \$356.31 | \$877.89 |

**Hired After June 30, 2003 (25% Rate)
52 Work Week Employee (26 Payperiod) Continued**

| Plan | Plan Type | Monthly Rate | City Monthly | Employee Monthly | Employee Weekly | Annual City Contribution | Annual Employee Contribution | Employee Bi-Weekly Deductions | Bi-Weekly City Cont. |
|------|-----------|--------------|--------------|------------------|-----------------|--------------------------|------------------------------|-------------------------------|----------------------|
|------|-----------|--------------|--------------|------------------|-----------------|--------------------------|------------------------------|-------------------------------|----------------------|

UniCare State Indemnity Plan/Basic without CIC (Non-Comprehensive)



| | | | | | | | | |
|------------|------------|------------|----------|----------|-------------|------------|-----------------|----------|
| Individual | \$1,143.57 | \$857.68 | \$285.89 | \$65.98 | \$10,292.13 | \$3,430.71 | \$131.95 | \$395.85 |
| Family | \$2,536.14 | \$1,902.11 | \$634.04 | \$146.32 | \$22,825.26 | \$7,608.42 | \$292.63 | \$877.89 |

UniCare State Indemnity Plan/Community Choice



| | | | | | | | | |
|------------|------------|------------|----------|---------|-------------|------------|-----------------|----------|
| Individual | \$593.83 | \$445.37 | \$148.46 | \$34.26 | \$5,344.47 | \$1,781.49 | \$68.52 | \$205.56 |
| Family | \$1,475.84 | \$1,106.88 | \$368.96 | \$85.14 | \$13,282.56 | \$4,427.52 | \$170.29 | \$510.87 |

UniCare State Indemnity Plan/PLUS



| | | | | | | | | |
|------------|------------|------------|----------|----------|-------------|------------|-----------------|----------|
| Individual | \$781.99 | \$586.49 | \$195.50 | \$45.11 | \$7,037.91 | \$2,345.97 | \$90.23 | \$270.69 |
| Family | \$1,866.72 | \$1,400.04 | \$466.68 | \$107.70 | \$16,800.48 | \$5,600.16 | \$215.39 | \$646.17 |



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|--------------|----------|---------|---------|--------|----------|----------|---------------|---------|
| Employee | \$42.93 | \$34.35 | \$8.59 | \$1.98 | \$412.17 | \$103.04 | \$3.96 | \$15.85 |
| Employee + 1 | \$85.87 | \$68.70 | \$17.17 | \$3.96 | \$824.34 | \$206.09 | \$7.93 | \$31.71 |
| Family | \$103.80 | \$83.04 | \$20.76 | \$4.79 | \$996.13 | \$249.13 | \$9.58 | \$38.33 |



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|------------|-----------------|--------|-----------------|----|----|------------|----|----|
| Individual | \$44.46 | \$0.00 | \$44.46 | NA | NA | \$533.48 | NA | NA |
| Two Person | \$88.91 | \$0.00 | \$88.91 | NA | NA | \$1,066.97 | NA | NA |
| Family | \$155.60 | \$0.00 | \$155.60 | NA | NA | \$1,867.19 | NA | NA |

