CITY OF LAWRENCE
Group Insurance Commission (GIC)
Health Plan Rates (0.35% GIC Admin Fee Included)
Effective July 1, 2019

52 Work Week Employee (26 Payperiod)
Hired June 30, 2003 or Prior (20% 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									
	Individual	$600.68	$480.54	$120.14	$27.72	$5,766.53	$1,441.63	**$55.45**	$221.79
	Family	$1,514.23	$1,211.38	$302.85	$69.89	$14,536.61	$3,634.15	**$139.78**	$559.10
Fallon Community Health Plan Select Care									
	Individual	$811.79	$649.43	$162.36	$37.47	$7,793.18	$1,948.30	**$74.93**	$299.74
	Family	$1,971.86	$1,577.49	$394.37	$91.01	$18,929.86	$4,732.46	**$182.02**	$728.07
Harvard Pilgrim Independence Plan									
	Individual	$889.65	$711.72	$177.93	$41.06	$8,540.64	$2,135.16	**$82.12**	$328.49
	Family	$2,171.49	$1,737.19	$434.30	$100.22	$20,846.30	$5,211.58	**$200.45**	$801.78
Harvard Pilgrim Primary Choice									
	Individual	$645.80	$516.64	$129.16	$29.81	$6,199.68	$1,549.92	**$59.61**	$238.45
	Family	$1,646.48	$1,317.18	$329.30	$75.99	$15,806.21	$3,951.55	**$151.98**	$607.93
Health New England									
	Individual	$570.81	$456.65	$114.16	$26.35	$5,479.78	$1,369.94	**$52.69**	$210.76
	Family	$1,356.54	$1,085.23	$271.31	$62.61	$13,022.78	$3,255.70	**$125.22**	$500.88
Allways Health Partners									
	Individual	$646.93	$517.54	$129.39	$29.86	$6,210.53	$1,552.63	**$59.72**	$238.87
	Family	$1,677.69	$1,342.15	$335.54	$77.43	$16,105.82	$4,026.46	**$154.86**	$619.45
Tufts Health Plan Navigator									
	Individual	$747.76	$598.21	$149.55	$34.51	$7,178.50	$1,794.62	**$69.02**	$276.10
	Family	$1,822.08	$1,457.66	$364.42	$84.10	$17,491.97	$4,372.99	**$168.19**	$672.77
Tuft Health Plan Spirit									
	Individual	$565.91	$452.73	$113.18	$26.12	$5,432.74	$1,358.18	**$52.24**	$208.95
	Family	$1,358.94	$1,087.15	$271.79	$62.72	$13,045.82	$3,261.46	**$125.44**	$501.76
UniCare State Indemnity Plan/Basic with CIC (Comprehensive)									
	Individual	$1,086.10	$827.63	$258.47	$59.65	$9,931.58	$3,101.62	**$119.29**	$381.98
	Family	$2,406.59	$1,831.35	$575.24	$132.75	$21,976.22	$6,902.86	**$265.49**	$845.24

Hired June 30, 2003 or Prior (20% 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	Bi-Weekly Deductions	Bi-Weekly City Cont.
UniCare State Indemnity Plan/Basic without CIC (Non-Comprehensive)									
UniCare. A Healthy Dose of Innovation	Individual	$1,034.54	$827.63	$206.91	$47.75	$9,931.58	$2,482.90	**$95.50**	$381.98
	Family	$2,289.19	$1,831.35	$457.84	$105.65	$21,976.22	$5,494.06	**$211.31**	$845.24
UniCare State Indemnity Plan/Community Choice									
UniCare. A Healthy Dose of Innovation	Individual	$517.51	$414.01	$103.50	$23.89	$4,968.10	$1,242.02	**$47.77**	$191.08
	Family	$1,276.96	$1,021.57	$255.39	$58.94	$12,258.82	$3,064.70	**$117.87**	$471.49
UniCare State Indemnity Plan/PLUS									
UniCare. A Healthy Dose of Innovation	Individual	$696.10	$556.88	$139.22	$32.13	$6,682.56	$1,670.64	**$64.26**	$257.02
	Family	$1,654.60	$1,323.68	$330.92	$76.37	$15,884.16	$3,971.04	**$152.73**	$610.93
altus dental Altus Dental Insurance Company, Inc.	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	$996.51	$249.13	**$9.58**	$38.33
altus dental Altus Dental Insurance Company, Inc.	Individual	**$44.46**	$0.00	**$44.46**	NA	$0.00	$533.48	NA	NA
	Two Person	**$88.91**	$0.00	**$88.91**	NA	$0.00	$1,066.97	NA	NA
	Family	**$155.60**	$0.00	**$155.60**	NA	$0.00	$1,867.19	NA	NA