



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

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.
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Fallon Community Health Plan Direct



Individual	\$600.68	\$450.51	\$150.17	\$34.65	\$5,406.12	\$1,802.04	\$69.31	\$207.93
Family	\$1,514.23	\$1,135.67	\$378.56	\$87.36	\$13,628.07	\$4,542.69	\$174.72	\$524.16

Fallon Community Health Plan Select Care



Individual	\$811.79	\$608.84	\$202.95	\$46.83	\$7,306.11	\$2,435.37	\$93.67	\$281.00
Family	\$1,971.86	\$1,478.90	\$492.97	\$113.76	\$17,746.74	\$5,915.58	\$227.52	\$682.57

Harvard Pilgrim Independence Plan



Individual	\$889.65	\$667.24	\$222.41	\$51.33	\$8,006.85	\$2,668.95	\$102.65	\$307.96
Family	\$2,171.49	\$1,628.62	\$542.87	\$125.28	\$19,543.41	\$6,514.47	\$250.56	\$751.67

Harvard Pilgrim Primary Choice



Individual	\$645.80	\$484.35	\$161.45	\$37.26	\$5,812.20	\$1,937.40	\$74.52	\$223.55
Family	\$1,646.48	\$1,234.86	\$411.62	\$94.99	\$14,818.32	\$4,939.44	\$189.98	\$569.94

Health New England



Individual	\$570.81	\$428.11	\$142.70	\$32.93	\$5,137.29	\$1,712.43	\$65.86	\$197.59
Family	\$1,356.54	\$1,017.41	\$339.14	\$78.26	\$12,208.86	\$4,069.62	\$156.52	\$469.57

Always Health Partners



Individual	\$646.93	\$485.20	\$161.73	\$37.32	\$5,822.37	\$1,940.79	\$74.65	\$223.94
Family	\$1,677.69	\$1,258.27	\$419.42	\$96.79	\$15,099.21	\$5,033.07	\$193.58	\$580.74

Tufts Health Plan Navigator



Individual	\$747.76	\$560.82	\$186.94	\$43.14	\$6,729.84	\$2,243.28	\$86.28	\$258.84
Family	\$1,822.08	\$1,366.56	\$455.52	\$105.12	\$16,398.72	\$5,466.24	\$210.24	\$630.72

Tufts Health Plan Spirit



Individual	\$565.91	\$424.43	\$141.48	\$32.65	\$5,093.19	\$1,697.73	\$65.30	\$195.89
Family	\$1,358.94	\$1,019.21	\$339.74	\$78.40	\$12,230.46	\$4,076.82	\$156.80	\$470.40

UniCare State Indemnity Plan/Basic with CIC (Comprehensive)




Individual	\$1,086.10	\$775.91	\$310.20	\$71.58	\$9,310.86	\$3,722.34	\$143.17	\$358.11
Family	\$2,406.59	\$1,716.89	\$689.70	\$159.16	\$20,602.71	\$8,276.37	\$318.32	\$792.41


**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	Bi-Weekly Deductions	Bi-Weekly City Cont.
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UniCare State Indemnity Plan/Basic without CIC (Non-Comprehensive)


	Individual	\$1,034.54	\$775.91	\$258.64	\$59.69	\$9,310.86	\$3,103.62	\$119.37	\$358.11
	Family	\$2,289.19	\$1,716.89	\$572.30	\$132.07	\$20,602.71	\$6,867.57	\$264.14	\$792.41


UniCare State Indemnity Plan/Community Choice

	Individual	\$517.51	\$388.13	\$129.38	\$29.86	\$4,657.59	\$1,552.53	\$59.71	\$179.14
	Family	\$1,276.96	\$957.72	\$319.24	\$73.67	\$11,492.64	\$3,830.88	\$147.34	\$442.02

UniCare State Indemnity Plan/PLUS

	Individual	\$696.10	\$522.08	\$174.03	\$40.16	\$6,264.90	\$2,088.30	\$80.32	\$240.96
	Family	\$1,654.60	\$1,240.95	\$413.65	\$95.46	\$14,891.40	\$4,963.80	\$190.92	\$572.75

	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

	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

