

HEALTH PLAN RATES

MONTHLY RATES AS OF JULY 1, 2011
FOR THE CITY OF LAWRENCE ENROLLEES

Employee GIC Plan Rates as of July 1, 2011 <i>Rates include 0.5% administrative fee</i>				
	<i>For Employees Hired Before July 1, 2003</i>		<i>For Employees Hired On or After July 1, 2003</i>	
<i>S&S logo</i>	20%		25%	
	Employee Pays Monthly		Employee Pays Monthly	
HEALTH PLAN	INDIVIDUAL	FAMILY	INDIVIDUAL	FAMILY
Fallon Community Health Plan Direct Care	\$89.56	\$214.94	\$111.95	\$268.67
Fallon Community Health Plan Select Care	\$110.80	\$265.91	\$138.50	\$332.39
Harvard Pilgrim Independence Plan	\$130.57	\$318.60	\$163.22	\$398.25
Harvard Pilgrim Primary Choice	\$104.46	\$254.88	\$130.57	\$318.60
Health New England	\$87.44	\$216.76	\$109.30	\$270.95
NHP Care (Neighborhood Health Plan)	\$89.60	\$237.44	\$112.00	\$296.80
Tufts Health Plan Navigator	\$118.07	\$287.92	\$147.59	\$359.90
Tufts Health Plan Spirit	\$94.46	\$230.33	\$118.07	\$287.92
UniCare State Indemnity Plan/Basic with CIC (Comprehensive)*	\$205.37	\$478.99	\$246.72	\$575.54
UniCare State Indemnity Plan/Basic without CIC (Non-Comprehensive)	\$165.37	\$386.21	\$206.72	\$482.76
UniCare State Indemnity Plan/Community Choice	\$88.46	\$212.31	\$110.58	\$265.39
UniCare State Indemnity Plan/PLUS	\$116.20	\$277.33	\$145.25	\$346.67

**CIC is an enrollee pay-all benefit.*

RATE QUESTIONS? CALL: 978.620.3065

HEALTH PLAN RATES

**Medicare Retiree and Survivor GIC Plan Rates as of
July 1, 2011**
Rates include 0.5% administrative fee

	Medicare Retirees Retired on or before July 1, 1994 and SURVIVORS	Medicare Retirees Retired after July 1, 1994 and who filed for retirement before August 10, 2009	Medicare Retirees Retired after July 1, 1994 and who filed for retirement on or after August 10, 2009 and on or before October 1, 2009 with a retirement date on or before January 31, 2010	Medicare Retirees who filed for retirement after October 1, 2009
	10%	15%	15%	20%
	Retiree/Survivor Pays Monthly	Retiree Pays Monthly	Retiree Pays Monthly	Retiree Pays Monthly
HEALTH PLAN	PER PERSON	PER PERSON	PER PERSON	PER PERSON
Fallon Senior Plan ¹	\$26.45	\$39.68	\$39.68	\$52.90
Harvard Pilgrim Medicare Enhance	\$38.36	\$57.54	\$57.54	\$76.72
Health New England MedPlus	\$35.95	\$53.94	\$53.94	\$71.93
Tufts Health Plan Medicare Complement	\$38.39	\$57.58	\$57.58	\$76.78
Tufts Health Plan Medicare Preferred ¹	\$25.87	\$38.81	\$38.81	\$51.75
UniCare State Indemnity Plan/Medicare Extension (OME) with CIC (<i>Comprehensive</i>)*	\$45.39	\$64.35	\$64.35	\$80.90
UniCare State Indemnity Plan/Medicare Extension (OME) without CIC (<i>Non-Comprehensive</i>)	\$34.69	\$52.04	\$52.04	\$69.39

¹Benefits and rates of Fallon Senior Plan and Tufts Health Plan Medicare Preferred are subject to federal approval and may change January 1, 2012.

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HEALTH PLAN RATES

Non-Medicare Retiree and Survivor GIC Plan Rates as of July 1, 2011

Rates include 0.5% administrative fee

NON-MEDICARE PLANS	NON-MEDICARE RETIREES Retired on or before July 1, 1994 And SURVIVORS		NON-MEDICARE RETIREES Retired after July 1, 1994 and who filed for retirement before August 10, 2009		NON-MEDICARE RETIREES Retired after July 1, 1994 and who filed for retirement on or after August 10, 2009 and on or before October 1, 2009 with a retirement date on or before January 31, 2010		NON-MEDICARE RETIREES who filed for retirement after October 1, 2009	
	10%		15%		15%		20%	
HEALTH PLAN	<i>Retiree/Survivor Pays Monthly</i>		<i>Retiree Pays Monthly</i>		<i>Retiree Pays Monthly</i>		<i>Retiree Pays Monthly</i>	
	Individual Coverage	Family Coverage	Individual Coverage	Family Coverage	Individual Coverage	Family Coverage	Individual Coverage	Family Coverage
Fallon Community Health Plan Direct Care	\$44.77	\$107.46	\$67.17	\$161.20	\$67.17	\$161.20	\$89.56	\$214.94
Fallon Community Health Plan Select Care	\$55.40	\$132.95	\$83.10	\$199.43	\$83.10	\$199.43	\$110.80	\$265.91
Harvard Pilgrim Independence Plan	\$65.28	\$159.29	\$97.93	\$238.95	\$97.93	\$238.95	\$130.57	\$318.60
Harvard Pilgrim Primary Choice	\$52.22	\$127.43	\$78.34	\$191.15	\$78.34	\$191.15	\$104.46	\$254.88
Health New England	\$43.72	\$108.37	\$65.58	\$162.56	\$65.58	\$162.56	\$87.44	\$216.76
NHP Care (<i>Neighborhood Health Plan</i>)	\$44.80	\$118.71	\$67.20	\$178.07	\$67.20	\$178.07	\$89.60	\$237.44
Tufts Health Plan Navigator	\$59.03	\$143.95	\$88.55	\$215.94	\$88.55	\$215.94	\$118.07	\$287.92
Tufts Health Plan Spirit	\$47.22	\$115.16	\$70.84	\$172.75	\$70.84	\$172.75	\$94.46	\$230.33
UniCare State Indemnity Plan/Basic with CIC (<i>Comprehensive</i>)*	\$122.68	\$285.88	\$164.03	\$382.43	\$164.03	\$382.43	\$205.37	\$478.99

HEALTH PLAN RATES

UniCare State Indemnity Plan/Basic <i>without CIC (Non-Comprehensive)</i>	\$82.68	\$193.10	\$124.03	\$289.65	\$124.03	\$289.65	\$165.37	\$386.21
UniCare State Indemnity Plan/Community Choice	\$44.23	\$106.15	\$66.34	\$159.23	\$66.34	\$159.23	\$88.46	\$212.31
UniCare State Indemnity Plan/PLUS	\$58.09	\$138.66	\$87.14	\$208.00	\$87.14	\$208.00	\$116.20	\$277.33

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