



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

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.
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Fallon Community Health Plan Direct



Individual	\$637.52	\$510.02	\$127.50	\$29.42	\$6,120.19	\$1,530.05	\$58.85	\$235.39
Family	\$1,611.71	\$1,289.37	\$322.34	\$74.39	\$15,472.42	\$3,868.10	\$148.77	\$595.09

Fallon Community Health Plan Select Care



Individual	\$862.99	\$690.39	\$172.60	\$39.83	\$8,284.70	\$2,071.18	\$79.66	\$318.64
Family	\$2,100.58	\$1,680.46	\$420.12	\$96.95	\$20,165.57	\$5,041.39	\$193.90	\$775.60

Harvard Pilgrim Independence Plan



Individual	\$964.26	\$771.41	\$192.85	\$44.50	\$9,256.90	\$2,314.22	\$89.01	\$356.03
Family	\$2,356.13	\$1,884.90	\$471.23	\$108.74	\$22,618.85	\$5,654.71	\$217.49	\$869.96

Harvard Pilgrim Primary Choice



Individual	\$697.95	\$558.36	\$139.59	\$32.21	\$6,700.32	\$1,675.08	\$64.43	\$257.70
Family	\$1,781.96	\$1,425.57	\$356.39	\$82.24	\$17,106.82	\$4,276.70	\$164.49	\$657.95

Health New England



Individual	\$630.33	\$504.26	\$126.07	\$29.09	\$6,051.17	\$1,512.79	\$58.18	\$232.74
Family	\$1,504.45	\$1,203.56	\$300.89	\$69.44	\$14,442.72	\$3,610.68	\$138.87	\$555.49

Allways Health Partners



Individual	\$767.96	\$614.37	\$153.59	\$35.44	\$7,372.42	\$1,843.10	\$70.89	\$283.55
Family	\$2,005.69	\$1,604.55	\$401.14	\$92.57	\$19,254.62	\$4,813.66	\$185.14	\$740.56

Tufts Health Plan Navigator



Individual	\$836.65	\$669.32	\$167.33	\$38.61	\$8,031.84	\$2,007.96	\$77.23	\$308.92
Family	\$2,045.93	\$1,636.74	\$409.19	\$94.43	\$19,640.93	\$4,910.23	\$188.86	\$755.42

Tuft Health Plan Spirit



Individual	\$638.72	\$510.98	\$127.74	\$29.48	\$6,131.71	\$1,532.93	\$58.96	\$235.84
Family	\$1,541.91	\$1,233.53	\$308.38	\$71.17	\$14,802.34	\$3,700.58	\$142.33	\$569.32

UniCare State Indemnity Plan/Basic with CIC (Comprehensive)



Individual	\$1,204.17	\$914.86	\$289.31	\$66.76	\$10,978.27	\$3,471.77	\$133.53	\$422.24
Family	\$2,674.11	\$2,028.91	\$645.20	\$148.89	\$24,346.94	\$7,742.38	\$297.78	\$936.42

Hired June 30, 2003 or Prior (20% Rate)
52 Work Week Employee (26 Payperiod) - Continued

Plan	Plan Type	Rate	Monthly	Monthly	Weekly	Contribution	Employee	Deductions	City Cont.
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UniCare State Indemnity Plan/Basic without CIC (Non-Comprehensive)



Individual	\$1,143.57	\$914.86	\$228.71	\$52.78	\$10,978.27	\$2,744.57	\$105.56	\$422.24
Family	\$2,536.14	\$2,028.91	\$507.23	\$117.05	\$24,346.94	\$6,086.74	\$234.11	\$936.42

UniCare State Indemnity Plan/Community Choice



Individual	\$593.83	\$475.06	\$118.77	\$27.41	\$5,700.77	\$1,425.19	\$54.82	\$219.26
Family	\$1,475.84	\$1,180.67	\$295.17	\$68.12	\$14,168.06	\$3,542.02	\$136.23	\$544.93

UniCare State Indemnity Plan/PLUS



Individual	\$781.99	\$625.59	\$156.40	\$36.09	\$7,507.10	\$1,876.78	\$72.18	\$288.73
Family	\$1,866.72	\$1,493.38	\$373.34	\$86.16	\$17,920.51	\$4,480.13	\$172.31	\$689.25



Employee	\$42.93	\$34.35	\$8.59	\$1.98	\$412.17	\$103.04	\$3.96	\$15.85
Employee	\$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



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

