



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.
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Fallon Community Health Plan Direct



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



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



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

Allways Health Partners



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



No one does more to keep you healthy.

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

Tuft Health Plan Spirit



No one does more to keep you healthy.

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)



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.
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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



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

