



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

42 Work Week Employee (21 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	\$36.43	\$6,120.19	\$1,530.05	\$72.86	\$291.44
Family	\$1,611.71	\$1,289.37	\$322.34	\$92.10	\$15,472.42	\$3,868.10	\$184.20	\$736.78

Fallon Community Health Plan Select Care



Individual	\$862.99	\$690.39	\$172.60	\$49.31	\$8,284.70	\$2,071.18	\$98.63	\$394.51
Family	\$2,100.58	\$1,680.46	\$420.12	\$120.03	\$20,165.57	\$5,041.39	\$240.07	\$960.27

Harvard Pilgrim Independence Plan



Individual	\$964.26	\$771.41	\$192.85	\$55.10	\$9,256.90	\$2,314.22	\$110.20	\$440.80
Family	\$2,356.13	\$1,884.90	\$471.23	\$134.64	\$22,618.85	\$5,654.71	\$269.27	\$1,077.09

Harvard Pilgrim Primary Choice



Individual	\$697.95	\$558.36	\$139.59	\$39.88	\$6,700.32	\$1,675.08	\$79.77	\$319.06
Family	\$1,781.96	\$1,425.57	\$356.39	\$101.83	\$17,106.82	\$4,276.70	\$203.65	\$814.61

Health New England



Individual	\$630.33	\$504.26	\$126.07	\$36.02	\$6,051.17	\$1,512.79	\$72.04	\$288.15
Family	\$1,504.45	\$1,203.56	\$300.89	\$85.97	\$14,442.72	\$3,610.68	\$171.94	\$687.75

Always Health Partner



Individual	\$767.96	\$614.37	\$153.59	\$43.88	\$7,372.42	\$1,843.10	\$87.77	\$351.07
Family	\$2,005.69	\$1,604.55	\$401.14	\$114.61	\$19,254.62	\$4,813.66	\$229.22	\$916.89

Tufts Health Plan Navigator



Individual	\$836.65	\$669.32	\$167.33	\$47.81	\$8,031.84	\$2,007.96	\$95.62	\$382.47
Family	\$2,045.93	\$1,636.74	\$409.19	\$116.91	\$19,640.93	\$4,910.23	\$233.82	\$935.28

Tufts Health Plan Spirit



Individual	\$638.72	\$510.98	\$127.74	\$36.50	\$6,131.71	\$1,532.93	\$73.00	\$291.99
Family	\$1,541.91	\$1,233.53	\$308.38	\$88.11	\$14,802.34	\$3,700.58	\$176.22	\$704.87

UniCare State Indemnity Plan/Basic with CIC (Comprehensive)



Individual	\$1,204.17	\$914.86	\$289.31	\$82.66	\$10,978.27	\$3,471.77	\$165.32	\$522.77
Family	\$2,674.11	\$2,028.91	\$645.20	\$184.34	\$24,346.94	\$7,742.38	\$368.68	\$1,159.38

Hired June 30, 2003 or Prior (20% Rate)

42 Work Week Employee (21 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	\$1,143.57	\$914.86	\$228.71	\$65.35	\$10,978.27	\$2,744.57	\$130.69	\$522.77
Family	\$2,536.14	\$2,028.91	\$507.23	\$144.92	\$24,346.94	\$6,086.74	\$289.84	\$1,159.38

UniCare State Indemnity Plan/Community Choice



Individual	\$593.83	\$475.06	\$118.77	\$33.93	\$5,700.77	\$1,425.19	\$67.87	\$271.47
Family	\$1,475.84	\$1,180.67	\$295.17	\$84.33	\$14,168.06	\$3,542.02	\$168.67	\$674.67

UniCare State Indemnity Plan/PLUS



Individual	\$781.99	\$625.59	\$156.40	\$44.69	\$7,507.10	\$1,876.78	\$89.37	\$357.48
Family	\$1,866.72	\$1,493.38	\$373.34	\$106.67	\$17,920.51	\$4,480.13	\$213.34	\$853.36

Altus Dental Plus



Employee	\$42.93	\$34.35	\$8.59	\$1.98	\$412.17	\$103.04	\$4.91	\$19.63
Employee +	\$85.87	\$68.70	\$17.17	\$3.96	\$824.34	\$206.09	\$9.81	\$39.25
Family	\$103.80	\$83.04	\$20.76	\$4.79	\$996.51	\$249.13	\$11.86	\$47.45

Altus Dental (Voluntary Municipal Teacher Retiree Plan)



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

