



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

**42 Work Week Employee (21 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	\$45.54	\$5,737.68	\$1,912.56	<b>\$91.07</b>	\$273.25
Family	\$1,611.71	\$1,208.78	\$402.93	\$115.12	\$14,505.39	\$4,835.13	<b>\$230.24</b>	\$690.73

**Fallon Community Health Plan Select Care**



Individual	\$862.99	\$647.24	\$215.75	\$61.64	\$7,766.91	\$2,588.97	<b>\$123.28</b>	\$369.85
Family	\$2,100.58	\$1,575.44	\$525.15	\$150.04	\$18,905.22	\$6,301.74	<b>\$300.08</b>	\$900.25

**Harvard Pilgrim Independence Plan**



Individual	\$964.26	\$723.20	\$241.07	\$68.88	\$8,678.34	\$2,892.78	<b>\$137.75</b>	\$413.25
Family	\$2,356.13	\$1,767.10	\$589.03	\$168.30	\$21,205.17	\$7,068.39	<b>\$336.59</b>	\$1,009.77

**Harvard Pilgrim Primary Choice**



Individual	\$697.95	\$523.46	\$174.49	\$49.85	\$6,281.55	\$2,093.85	<b>\$99.71</b>	\$299.12
Family	\$1,781.96	\$1,336.47	\$445.49	\$127.28	\$16,037.64	\$5,345.88	<b>\$254.57</b>	\$763.70

**Health New England**



Individual	\$630.33	\$472.75	\$157.58	\$45.02	\$5,672.97	\$1,890.99	<b>\$90.05</b>	\$270.14
Family	\$1,504.45	\$1,128.34	\$376.11	\$107.46	\$13,540.05	\$4,513.35	<b>\$214.92</b>	\$644.76

**Allways Health Partners**



Individual	\$767.96	\$575.97	\$191.99	\$54.85	\$6,911.64	\$2,303.88	<b>\$109.71</b>	\$329.13
Family	\$2,005.69	\$1,504.27	\$501.42	\$143.26	\$18,051.21	\$6,017.07	<b>\$286.53</b>	\$859.58

**Tufts Health Plan Navigator**



Individual	\$836.65	\$627.49	\$209.16	\$59.76	\$7,529.85	\$2,509.95	<b>\$119.52</b>	\$358.56
Family	\$2,045.93	\$1,534.45	\$511.48	\$146.14	\$18,413.37	\$6,137.79	<b>\$292.28</b>	\$876.83

**Tufts Health Plan Spirit**



Individual	\$638.72	\$479.04	\$159.68	\$45.62	\$5,748.48	\$1,916.16	<b>\$91.25</b>	\$273.74
Family	\$1,541.91	\$1,156.43	\$385.48	\$110.14	\$13,877.19	\$4,625.73	<b>\$220.27</b>	\$660.82

**UniCare State Indemnity Plan/Basic with CIC (Comprehensive)**



Individual	\$1,204.17	\$857.68	\$346.49	\$99.00	\$10,292.13	\$4,157.91	<b>\$198.00</b>	\$490.10
Family	\$2,674.11	\$1,902.11	\$772.01	\$220.57	\$22,825.26	\$9,264.06	<b>\$441.15</b>	\$1,086.92

**Hired After June 30, 2010 (25% 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 with CIC (Non-Comprehensive)**



Individual	\$1,143.57	\$857.68	\$285.89	\$81.68	\$10,292.13	\$3,430.71	<b>\$163.37</b>	\$490.10
Family	\$2,536.14	\$1,902.11	\$634.04	\$181.15	\$22,825.26	\$7,608.42	<b>\$362.31</b>	\$1,086.92

**UniCare State Indemnity Plan/Community Choice**



Individual	\$593.83	\$445.37	\$148.46	\$42.42	\$5,344.47	\$1,781.49	<b>\$84.83</b>	\$254.50
Family	\$1,475.84	\$1,106.88	\$368.96	\$105.42	\$13,282.56	\$4,427.52	<b>\$210.83</b>	\$632.50

**UniCare State Indemnity Plan/PLUS**



Individual	\$781.99	\$586.49	\$195.50	\$55.86	\$7,037.91	\$2,345.97	<b>\$111.71</b>	\$335.14
Family	\$1,866.72	\$1,400.04	\$466.68	\$133.34	\$16,800.48	\$5,600.16	<b>\$266.67</b>	\$800.02



Individual	42.93	34.34	8.59	1.98	412.13	103.03	<b>4.91</b>	19.63
Employee +1	85.87	68.7	17.17	3.96	824.35	206.09	<b>9.81</b>	39.25
Family	103.8	83.04	20.76	4.79	996.48	249.12	<b>11.86</b>	47.45



Individual	<b>48.28</b>	NA	<b>48.28</b>	NA	NA	579.36	NA	NA
Employee +1	<b>96.56</b>	NA	<b>96.56</b>	NA	NA	1158.72	NA	NA
Family	<b>168.98</b>	NA	<b>168.98</b>	NA	NA	2027.76	NA	NA



