

**GIC Health Plan Rates  
MONTHLY RATES AS OF JULY 1, 2025  
FOR THE CITY OF HAVERHILL ENROLLEES**

**RETIRED EMPLOYEES/SURVIVORS  
NON-MEDICARE ELIGIBLE**

HEALTH PLAN	PLAN TYPE	For Retirees PRIOR to 05/01/2008 15%		For Retirees ON or AFTER 05/01/2008 20%		Indemnity/POS/PPO Plans 25%	
		INDIVIDUAL	FAMILY	INDIVIDUAL	FAMILY	INDIVIDUAL	FAMILY
Harvard Pilgrim HC Explorer	POS					\$296.99	\$735.27
Harvard Pilgrim HC Quality	HMO	\$132.84	\$337.88	\$177.13	\$450.50		
Health New England	HMO	\$128.90	\$309.17	\$171.87	\$412.23		
MGB Complete	HMO	\$163.72	\$432.69	\$218.29	\$576.92		
Wellpoint Total Choice	Indemnity					\$438.65	\$974.96
Wellpoint Community Choice	PPO-type					\$209.34	\$520.32
Wellpoint Plus	PPO-type					\$273.01	\$651.51
Harvard Pilgrim Health Care Access America	NATIONAL					\$359.65	\$802.20

**RETIRED EMPLOYEES/SURVIVORS  
MEDICARE ELIGIBLE**

HEALTH PLAN	PLAN TYPE	For Retirees PRIOR to 05/01/2008 15% (PER PERSON)	For Retirees ON or AFTER 05/01/2008 20% (PER PERSON)	Indemnity Plans 25% (PER PERSON)
Harvard Pilgrim HC Enhance	Medicare (Indemnity)			\$117.05
Health New England Medicare Supplement Plus	Medicare (Indemnity)			\$117.68
Tufts Medicare Preferred	Medicare (HMO)	\$58.68	\$78.24	
Wellpoint Medicare Extension	Medicare (Indemnity)			\$119.08

*Rates are calculated by the City of Haverhill*

**RATE QUESTIONS? CALL: Human Resources (978) 374-2357**