

**GIC Health Plan Rates  
MONTHLY RATES AS OF JULY 1, 2023  
FOR THE CITY OF HAVERHILL ENROLLEES**

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

HEALTH PLAN	PLAN TYPE	For Retirees <u>PRIOR</u> to 05/01/2008 15%		For Retirees <u>ON</u> or <u>AFTER</u> 05/01/2008 20%		Indemnity/POS/PPO Plans 25%	
		INDIVIDUAL	FAMILY	INDIVIDUAL	FAMILY	INDIVIDUAL	FAMILY
<b>Harvard Pilgrim HC Explorer</b> (Previously Tufts Navigator, HP Independence)	POS					\$244.11	\$603.21
<b>Harvard Pilgrim HC Quality</b> (Previously Tufts Spirit, HP Primary)	HMO	\$108.20	\$274.39	\$144.27	\$365.85		
<b>Health New England</b>	HMO	\$110.25	\$263.64	\$147.00	\$351.52		
<b>MGB Complete</b> (Previously Always Health Partners)	HMO	\$133.87	\$352.86	\$178.50	\$470.48		
<b>UniCare Total Choice</b> (Previously Unicare Basic)	Indemnity					\$337.11	\$745.80
<b>UniCare Community Choice</b>	PPO-type					\$169.19	\$417.29
<b>Harvard Pilgrim Health Care Access America</b>	NATIONAL					\$295.10	\$657.26
<b>UniCare PLUS</b>	PPO-type					\$221.00	\$524.49

**RETIRED EMPLOYEES/SURVIVORS  
MEDICARE ELIGIBLE**

HEALTH PLAN	PLAN TYPE	For Retirees <u>PRIOR</u> to 05/01/2008 15% (PER PERSON)	For Retirees <u>ON</u> or <u>AFTER</u> 05/01/2008 20% (PER PERSON)	Indemnity Plans 25% (PER PERSON)
<b>Harvard Pilgrim HC Enhance</b> (Previously HP Medicare Enhance & Tufts Health Plan Medicare Complement)	Medicare (Indemnity)			\$105.46
<b>Health New England Medicare Supplement Plus</b>	Medicare (Indemnity)			\$107.57
<b>Tufts Medicare Preferred</b>	Medicare (HMO)	\$52.91	\$70.55	
<b>UniCare Medicare Extension</b>	Medicare (Indemnity)			\$106.28

*Rates are calculated by the City of Haverhill*

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