

**GIC Health Plan Rates  
MONTHLY RATES AS OF JULY 1, 2022  
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
Harvard Pilgrim Independence Plan	POS					\$259.01	\$633.66
Harvard Pilgrim Primary Choice Plan	HMO	\$112.01	\$286.44	\$149.34	\$381.92		
Health New England	HMO	\$100.46	\$240.32	\$133.94	\$320.43		
AllWays Health Partners	HMO	\$126.67	\$331.75	\$168.89	\$442.33		
Tufts Health Plan Navigator	POS					\$222.79	\$545.79
Tufts Health Plan Spirit	HMO-type	\$101.36	\$245.18	\$135.15	\$326.91		
UniCare State Indemnity Plan/Basic with CIC (Comprehensive)	Indemnity					\$309.77	\$688.16
UniCare State Indemnity Plan/Community Choice	PPO-type					\$155.96	\$388.35
UniCare State Indemnity Plan/PLUS	PPO-type					\$202.85	\$484.69

**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)
Harvard Pilgrim Medicare Enhance	Medicare (Indemnity)			\$105.99
Health New England Medicare Supplement Plus	Medicare (Indemnity)			\$107.57
Tufts Health Plan Medicare Complement	Medicare (Indemnity)			\$101.51
Tufts Health Plan Medicare Preferred*	Medicare (HMO)	\$51.81	\$69.08	
UniCare State Indemnity Plan/Medicare Extension (OME) with CIC (Comprehensive)	Medicare (Indemnity)			\$103.34

\*Benefits and rates of Tufts Health Plan Medicare Preferred are subject to federal approval and may change January 1, 2023.

*Rates are calculated by the City of Haverhill*

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