

**GIC Health Plan Rates  
MONTHLY RATES AS OF JULY 1, 2021  
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 <u>ON</u> or <u>AFTER</u> 05/01/2008 20%		Indemnity/POS/PPO Plans 25%	
		INDIVIDUAL	FAMILY	INDIVIDUAL	FAMILY	INDIVIDUAL	FAMILY
Fallon Health Direct Care	HMO	\$95.63	\$241.76	\$127.50	\$322.34		
Fallon Health Select Care	HMO	\$129.45	\$315.09	\$172.60	\$420.12		
Harvard Pilgrim Independence Plan	POS					\$241.07	\$589.03
Harvard Pilgrim Primary Choice Plan	HMO	\$104.69	\$267.29	\$139.59	\$356.39		
Health New England	HMO	\$94.55	\$225.67	\$126.07	\$300.89		
AllWays Health Partners	HMO	\$115.19	\$300.85	\$153.59	\$401.14		
Tufts Health Plan Navigator	POS					\$209.16	\$511.48
Tufts Health Plan Spirit	HMO-type	\$95.81	\$231.29	\$127.74	\$308.38		
UniCare State Indemnity Plan/Basic with CIC (Comprehensive)	Indemnity					\$301.04	\$668.53
UniCare State Indemnity Plan/Community Choice	PPO-type					\$148.46	\$368.96
UniCare State Indemnity Plan/PLUS	PPO-type					\$195.50	\$466.68

**Retired Employees/Survivors  
Medicare Eligible**

HEALTH PLAN	PLAN TYPE	For Retirees PRIOR 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)			\$103.36
Health New England Medicare Supplement Plus	Medicare (Indemnity)			\$103.55
Tufts Health Plan Medicare Complement	Medicare (Indemnity)			\$98.15
Tufts Health Plan Medicare Preferred*	Medicare (HMO)	\$49.91	\$66.54	
UniCare State Indemnity Plan/Medicare Extension (OME) with CIC (Comprehensive)	Medicare (Indemnity)			\$102.21

\*Benefits and rates of Tufts Health Plan Medicare Preferred are subject to federal approval and may change January 1, 2022.

*Rates are calculated by the City of Haverhill*

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