

**GIC Health Plan Rates  
MONTHLY RATES AS OF JULY 1, 2020  
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	\$92.79	\$234.22	\$123.72	\$312.30		
Fallon Health Select Care	HMO	\$125.43	\$304.96	\$167.24	\$406.61		
Harvard Pilgrim Independence Plan	POS					\$229.30	\$559.80
Harvard Pilgrim Primary Choice Plan	HMO	\$99.81	\$254.55	\$133.09	\$339.40		
Health New England	HMO	\$89.14	\$212.22	\$118.86	\$282.96		
AllWays Health Partners (formerly Neighborhood Health Plan)	HMO	\$103.18	\$268.42	\$137.57	\$357.89		
Tufts Health Plan Navigator	POS					\$199.76	\$487.87
Tufts Health Plan Spirit	HMO-type	\$91.00	\$219.23	\$121.34	\$292.31		
UniCare State Indemnity Plan/Basic with CIC (Comprehensive)	Indemnity					\$290.94	\$645.68
UniCare State Indemnity Plan/Community Choice	PPO-type					\$138.14	\$342.01
UniCare State Indemnity Plan/PLUS	PPO-type					\$180.94	\$430.63

**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)					\$101.01
Health New England Medicare Supplement Plus	Medicare (Indemnity)					\$101.20
Tufts Health Plan Medicare Complement	Medicare (Indemnity)					\$95.97
Tufts Health Plan Medicare Preferred*	Medicare (HMO)	\$48.77		\$65.03		
UniCare State Indemnity Plan/Medicare Extension (OME) with CIC (Comprehensive)	Medicare (Indemnity)					\$99.97

\*Benefits and rates of Tufts Health Plan Medicare Preferred are subject to federal approval and may change January 1, 2021.

*Rates are calculated by the City of Haverhill*

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