

**GIC HEALTH INSURANCE RATES  
EFFECTIVE JULY 1, 2024**

**EMPLOYEE & NON-MEDICARE RETIREE/SURVIVOR HEALTH INSURANCE PRODUCTS**

HEALTH PLAN	PRODUCT CATEGORY	% of Monthly Premium	Individual Coverage Monthly	Individual Prescription Drug / Medical Deductibles Annually	Family Coverage Monthly	Family Prescription Drug / Medical Deductibles Annually
HP Access America	National Network	25%	314.86	100 / 500	702.32	200 / 1000
Wellpoint Total Choice (prev UniCare)	Broad Network	25%	375.34	100 / 500	832.94	200 / 1000
HPHC Explorer		25%	266.98	100 / 500	661.48	200 / 1000
Wellpoint Plus (prev UniCare)		25%	239.66	100 / 500	571.00	200 / 1000
MGB Complete HMO		20%	195.54	100 / 500	517.08	200 / 1000
Health New England	Regional Network	20%	155.66	100 / 400	373.40	200 / 800
Wellpoint Community Choice (prev UniCare)	Limited Network	25%	186.24	100 / 400	462.28	200 / 800
HPHC Quality (prev HP Primary Choice)		20%	157.62	100 / 400	401.16	200 / 800

↑  
Consider Flex Spending  
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**RETIREEES & SURVIVORS WITH MEDICARE**

HEALTH PLAN	PRODCUT CATEGORY	Product Type	% of Monthly Premium	Individual Coverage Monthly	2 Person Coverage Monthly
Tufts Health Plan Medicare Preferred*	Medicare Advantage	HMO	20%	72.77	145.54
Health New England MedPlus	Medicare Supplement	Indemnity	20%	109.70	219.40
Harvard Pilgrim Medicare Enhance			25%	109.03	218.06
Wellpoint Medicare Extension (prev UniCare)			25%	111.17	222.34

**ALTUS DENTAL & VISION RATES**

PLAN	Individual Coverage Monthly	Employee / Retiree + Spouse Coverage	Employee / Retiree + Children Coverage Monthly	Family Coverage Monthly
Altus Dental (Employees)	64.14	n/a	n/a	168.16
Altus Dental (Retirees)	43.91	87.82	n/a	153.67
VSP Vision (through Altus)	5.06	10.10	12.96	19.82