

**GIC HEALTH INSURANCE RATES
EFFECTIVE JULY 1, 2023**

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%	295.10	100 / 500	657.26	200 / 1000
UniCare Total Choice (prev <i>Unicare Basic</i>)	Broad Network	25%	337.12	100 / 500	745.80	200 / 1000
HPHC Explorer (prev <i>HP Independence Plan</i>)		25%	244.10	100 / 500	603.22	200 / 1000
UniCare Plus		25%	221.00	100 / 500	524.50	200 / 1000
MGB Complete HMO (prev <i>Allways Health Partners</i>)		20%	178.50	100 / 500	470.48	200 / 1000
Health New England	Regional Network	20%	147.00	100 / 400	351.52	200 / 800
UniCare Community Choice	Limited Network	25%	169.18	100 / 400	417.30	200 / 800
HPHC Quality (prev <i>HP Primary Choice</i>)		20%	144.28	100 / 400	365.84	200 / 800

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RETIREES & 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%	70.55	141.10
Health New England MedPlus	Medicare Supplement	Indemnity	20%	107.57	215.14
Harvard Pilgrim Medicare Enhance			25%	105.46	210.92
UniCare Medicare Extension (OME)			25%	106.28	212.56

ALTUS DENTAL & VISION RATES

PLAN	Individual Coverage Monthly	Employee / Retiree + Spouse Coverage	Employee / Retiree + Children Coverage Monthly	Family Coverage Monthly
Altus Dental (Employees)	61.10	n/a	n/a	160.14
Altus Dental (Retirees)	43.91	87.82	n/a	153.67
VSP Vision (through Altus)	5.06	10.10	12.96	19.82