

TOWN OF MARBLEHEAD
GIC HEALTH INSURANCE RATES
Effective July 1, 2023

	Product Category	Coverage	Monthly			Payroll Deduct for 48	Payroll Deduct for 22	Payroll Deduct for 38
			Total Monthly Rate	Town Portion	Employee Portion	pay periods	pay periods	pay periods
				83%	17%			
* <u>Harvard Pilgrim Access America (PPO)</u>	National Network	Individual	1,180.40	979.73	200.67	50.17	109.46	63.37
		Family	2,629.04	2,182.10	446.94	111.74	243.79	141.14
				65%	35%			
<u>UniCare Total Choice (Indemnity)</u>	Broad Network	Individual	1,348.43	876.48	471.95	117.99	257.43	149.04
		Family	2,983.18	1,939.07	1,044.11	261.03	569.51	329.72
				83%	17%			
<u>UniCare PLUS (PPO-type)</u>	Broad Network	Individual	883.99	733.71	150.28	37.57	81.97	47.46
		Family	2,097.98	1,741.32	356.66	89.16	194.54	112.63
				83%	17%			
<u>MGB Health Plan Complete (HMO)</u>	Broad Network	Individual	892.50	740.77	151.72	37.93	82.76	47.91
		Family	2,352.42	1,952.51	399.91	99.98	218.13	126.29
				83%	17%			
<u>Harvard Pilgrim Explorer (POS)</u>	Broad Network	Individual	976.42	810.43	165.99	41.50	90.54	52.42
		Family	2,412.86	2,002.67	410.19	102.55	223.74	129.53
				83%	17%			
* <u>Health New England (HMO)</u>	Regional Network	Individual	735.00	610.05	124.95	31.24	68.15	39.46
		Family	1,757.61	1,458.81	298.79	74.70	162.98	94.36
				83%	17%			
<u>Unicare Community Choice (PPO-Type)</u>	Limited Network	Individual	676.74	561.69	115.05	28.76	62.75	36.33
		Family	1,669.16	1,385.40	283.76	70.94	154.78	89.61
				83%	17%			
<u>Harvard Pilgrim Quality (HMO)</u>	Limited Network	Individual	721.33	598.70	122.63	30.66	66.89	38.72
		Family	1,829.24	1,518.27	310.97	77.74	169.62	98.20

* Plans with an asterisk are NOT available if you reside in this area. HNE is Western MA only; Harvard Pilgrim Access America is outside of New England only.