

**GIC Health Plan Rates**  
**MONTHLY RATES AS OF JULY 1, 2023**  
**FOR THE TOWN OF WEYMOUTH ENROLLEES**  
**INCLUDING THE 0.35% ADMINISTRATIVE FEE**

**Retirees and Survivors without Medicare**

	Teacher Who Retired Before 11/24/2008 Monthly %	Teacher Who Retired Before 11/24/2008 Monthly \$	Teacher Who Retired Before 11/24/2008 Monthly \$	Employee and Non-Medicare Retiree/ Survivor Pays Monthly%	Employee and Non-Medicare Retiree/ Survivor Pays Monthly \$	Employee and Non-Medicare Retiree/ Survivor Pays Monthly \$
<b>Health Plan</b>		<b>Individual Coverage</b>	<b>Family Coverage</b>		<b>Individual Coverage</b>	<b>Family Coverage</b>
Harvard Pilgrim Explorer	17.75%	<b>\$173.32</b>	<b>\$428.29</b>	17.75%	<b>\$173.32</b>	<b>\$428.29</b>
Harvard Pilgrim Quality	17.75%	<b>\$128.04</b>	<b>\$324.70</b>	17.75%	<b>\$128.04</b>	<b>\$324.70</b>
Health New England	17.75%	<b>\$130.47</b>	<b>\$311.98</b>	17.75%	<b>\$130.47</b>	<b>\$311.98</b>
MGB Health Complete (Formally Allways)	17.75%	<b>\$158.42</b>	<b>\$417.56</b>	17.75%	<b>\$158.42</b>	<b>\$417.56</b>
Unicare Total Choice (Formally Basic)	20%	<b>\$269.69</b>	<b>\$587.64</b>	20%	<b>\$269.69</b>	<b>\$587.64</b>
Harvard Pilgrim Access America (NEW) (NATIONAL PLAN – for outside N.E.)	17.75%	<b>\$236.08</b>	<b>\$525.81</b>	17.75%	<b>\$236.08</b>	<b>\$525.81</b>
Unicare Community Choice	17.75%	<b>\$120.13</b>	<b>\$296.28</b>	17.75%	<b>\$120.13</b>	<b>\$296.28</b>
Unicare Plus	17.75%	<b>\$156.91</b>	<b>372.40</b>	17.75%	<b>\$156.91</b>	<b>372.40</b>

**Retirees and Survivors with Medicare**

	Teacher Who Retired Before November 24, 2008 Pays Monthly Per Person		Retiree and Survivor Pays Monthly Per Person	
<b>Health Plan</b>	<b>%</b>	<b>\$</b>	<b>%</b>	<b>\$</b>
Harvard Pilgrim Medicare Enhance	12.5%	<b>\$52.73</b>	12.5%	<b>\$52.73</b>
Health New England MedPlus	12.5%	<b>\$53.79</b>	12.5%	<b>\$53.79</b>
Tufts Health Plan Medicare Preferred**	12.5%	<b>\$44.02</b>	12.5%	<b>\$44.02</b>
UniCare Medicare Extension	12.5%	<b>\$53.14</b>	12.5%	<b>\$53.14</b>
<i>**Medicare Advantage Plan</i>				

**Retirees and Survivors Dental Coverage**

<b>Dental Plan</b>	<b>Individual</b>	<b>Family</b>
Basic Low Plan	<b>\$42.33</b>	<b>\$88.89</b>
Enhanced High Plan	<b>\$47.86</b>	<b>\$100.51</b>

**Retirees and Survivors Vision Coverage**

<b>Vision Plan</b>	<b>Individual</b>	<b>2-person</b>	<b>Family</b>
Basic Low Plan	<b>\$3.55</b>	<b>\$6.74</b>	<b>\$9.90</b>
Enhanced High Plan	<b>\$7.16</b>	<b>\$13.59</b>	<b>\$19.96</b>

*Rates are calculated by the Town of Weymouth Benefits Office.*

**QUESTIONS? Call Human Resources 781-340-5010**