

**GIC Health Plan Rates**  
**MONTHLY RATES AS OF JULY 1, 2022**  
**FOR TOWN OF NORTH ANDOVER SUBSCRIBERS**

***Non-Medicare Retirees, Spouses and Survivors***

***(See Non-Medicare Retirees and Survivors Schedule)***

***Active Employees***

HEALTH PLAN	PLAN TYPE/ CATEGORY	COLUMN A  Active Subscribers as of December 31, 2012		COLUMN B  Active Subscribers from January 1, 2013 to June 30, 2015		COLUMN C  Active Subscribers and Changes to POS Plans On or After July 1, 2015	
		HMO Plans - 25% PPO & POS** Plans – 25% Indemnity Non Medicare Plans - 50%		HMO Plans - 25% PPO & POS** Plans - 35% Indemnity Non Medicare Plans - 50%		HMO Plans – 25% PPO Plans – 35% POS** & Indemnity Non Medicare Plans - 50%	
		INDIVIDUAL	FAMILY	INDIVIDUAL	FAMILY	INDIVIDUAL	FAMILY
Harvard Pilgrim Primary Choice Plan	HMO/ Narrow Network	\$ 186.68	\$ 477.40	\$ 186.68	\$ 477.40	\$ 186.88	\$ 477.40
Tufts Health Plan Spirit	HMO-Type/ Narrow Network	\$ 168.93	\$ 408.64	\$ 168.93	\$ 408.64	\$ 168.93	\$ 408.64
UniCare State Indemnity Plan/Community Choice	PPO-Type/ Narrow Network	\$ 155.96	\$ 388.35	\$ 218.34	\$ 543.69	\$ 218.34	\$ 543.69
Health New England	HMO/ Regional Network	\$ 167.43	\$ 400.53	\$ 167.43	\$ 400.53	\$ 167.43	\$ 400.53
Allways Health Partners Complete HMO	HMO/ Regional Network	\$ 211.12	\$ 552.91	\$ 211.12	\$ 552.91	\$ 211.12	\$ 552.91
Harvard Pilgrim Independence Plan	POS/ Broad Network	\$ 259.01	\$ 633.66	\$ 362.61	\$ 887.12	\$ 518.02	\$ 1,267.32
Tufts Health Plan Navigator	POS/ Broad Network	\$ 222.79	\$ 545.79	\$ 311.91	\$ 764.10	\$ 445.58	\$ 1,091.58
UniCare State Indemnity Plan/PLUS	PPO-Type/ Broad Network	\$ 202.85	\$ 484.69	\$ 283.99	\$ 678.56	\$ 283.99	\$ 678.56
UniCare State Indemnity Plan/Basic with CIC (Comprehensive)	Indemnity/ National Network	\$ 619.55	\$ 1,376.33	\$ 619.55	\$ 1,376.33	\$ 619.55	\$ 1,376.33
UniCare State Indemnity Plan/Basic without CIC (Non-Comprehensive)	Indemnity/ National Network	\$ 589.96	\$ 1,308.97	\$ 589.96	\$ 1,308.97	\$ 589.96	\$ 1,308.97

Subscribers enrolled on or prior to 12/31/2012, who have consistently been enrolled on the Town's insurance as of 3/6/2019, will have their premium contribution rate grandfathered in perpetuity at 75%/25% split for all plans, **except the Indemnity plans**.

Effective 7/1/2015, both the Harvard Pilgrim Independence Plan PPO and the Tufts Health Plan Navigator PPO became POS plans. Subscribers who remained in either of these plans are grandfathered at the percentage rate paid as of 6/30/2015. For those subscribers enrolled in these plans on or after 7/1/2015, premium contributions will be 50%.

For employees who were enrolled in Harvard Pilgrim Independence Plan or Tufts Health Plan Navigator as of 1/1/2014, who subsequently dropped the Town's health insurance entirely and then re-enroll in the respective POS plan, may return to the previous contribution rate paid when they left the plan. Refer to column A or column B.

Subscribers enrolled in the PPO or POS Plans who had rate contribution increases from 25% to 35% on 7/1/2016, effective 7/1/2019 those subscribers will return to a 25% premium contribution rate and be grandfathered in perpetuity at that contribution rate.

\*The PEC Agreement is online at:

*Rates are calculated by the Town of North Andover*

**RATE QUESTIONS? CALL: TOWN 978-688-9512, SCHOOL 978-794-1503 x41276**

**GIC Health Plan Rates**  
**MONTHLY RATES AS OF JULY 1, 2022**  
**FOR TOWN OF NORTH ANDOVER SUBSCRIBERS**

***Non-Medicare Retirees, Spouses and Survivors***

***(See Non-Medicare Retirees and Survivors Schedule)***

HEALTH PLAN	PLAN TYPE/ CATEGORY	14%	15 %		18.3 %		20%	
		Individual	Individual	Family	Individual	Family	Individual	Family
Harvard Pilgrim Primary Choice Plan	HMO/ Narrow Network	\$ 104.54	\$ 112.01	\$ 286.44	\$ 136.65	\$ 349.45	\$ 149.34	\$ 381.92
Tufts Health Plan Spirit	HMO-Type/ Narrow Network	\$ 94.60	\$ 101.36	\$ 245.18	\$ 123.66	\$ 299.12	\$ 135.15	\$ 326.91
UniCare State Indemnity Plan/Community Choice	PPO-Type/ Narrow Network	N/A	\$ 93.57	\$ 233.01	N/A	N/A	N/A	N/A
Health New England	HMO/ Regional Network	\$ 93.76	\$ 100.46	\$ 240.32	\$ 122.56	\$ 293.19	\$ 133.94	\$ 320.43
AllWays Health Partners Complete HMO	HMO/ Regional Network	\$ 118.23	\$ 126.67	\$ 331.75	\$ 154.54	\$ 404.73	\$ 168.89	\$ 442.33
Harvard Pilgrim Independence Plan	POS/ Broad Network	N/A	\$ 155.40	\$ 380.19	N/A	N/A	N/A	N/A
Tufts Health Plan Navigator	POS/ Broad Network	N/A	\$ 133.67	\$ 327.47	N/A	N/A	N/A	N/A
UniCare State Indemnity Plan/PLUS	PPO-Type/ Broad Network	N/A	\$ 121.71	\$ 290.81	N/A	N/A	N/A	N/A
UniCare State Indemnity Plan/Basic with CIC	Indemnity/ National Network	N/A	N/A	N/A	N/A	N/A	N/A	N/A
UniCare State Indemnity Plan/Basic without CIC (Non-Comprehensive)	Indemnity/ National Network	N/A	N/A	N/A	N/A	N/A	N/A	N/A

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***Non-Medicare Retirees, Spouses and Survivors***  
*(Continued)*

***(See Non-Medicare Retirees and Survivors Rate Schedule)***

HEALTH PLAN	PLAN TYPE/ CATEGORY	25%		35%		50%	
		Individual	Family	Individual	Family	Individual	Family
Harvard Pilgrim Primary Choice Plan	HMO/ Narrow Network	\$ 186.68	\$ 477.40	N/A	N/A	N/A	N/A
Tufts Health Plan Spirit	HMO-Type/ Narrow Network	\$ 168.93	\$ 408.64	N/A	N/A	N/A	N/A
UniCare State Indemnity Plan/Community Choice	PPO-Type/ Narrow Network	\$ 155.96	\$ 388.35	\$ 218.34	\$ 543.69	N/A	N/A
Health New England	HMO/ Regional Network	\$ 167.43	\$ 400.53	N/A	N/A	N/A	N/A
AllWays Health Partners Complete HMO	HMO/ Regional Network	\$ 211.12	\$ 552.91	N/A	N/A	N/A	N/A
Harvard Pilgrim Independence Plan	POS/ Broad Network	\$ 259.01	\$ 633.66	\$ 362.61	\$ 887.12	\$ 518.02	\$ 1,267.32
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UniCare State Indemnity Plan/PLUS	PPO-Type/ Broad Network	\$ 202.85	\$ 484.69	\$ 283.99	\$ 678.56	N/A	N/A
UniCare State Indemnity Plan/Basic with CIC	Indemnity/ National Network	N/A	N/A	N/A	N/A	\$ 619.55	\$ 1,376.33
UniCare State Indemnity Plan/Basic without CIC (Non-Comprehensive)	Indemnity/ National Network	N/A	N/A	N/A	N/A	\$ 589.96	\$ 1,308.97

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**GIC Health Plan Rates**  
**MONTHLY RATES AS OF JULY 1, 2022**  
**FOR TOWN OF NORTH ANDOVER SUBSCRIBERS**

**Non-Medicare Retirees, Spouses and Survivors Schedule\***

**HMO Contribution Rates**

(Based on Retirement Date and Date Subscribed)

<b>Union/Non-Union</b>	<b>Family Plan</b>	<b>Individual Plan</b>
<b>Non-Union Personnel</b>		
Prior to September 1, 2006	15.0%	14.0%
On or after September 1, 2006	25.0%	25.0%
<b>All Municipal Unions</b>		
Prior to July 1, 2010	15.0%	14.0%
July 1, 2010 – June 30, 2011	18.3%	17.6%
July 1, 2011 – June 30, 2012	21.6%	21.3%
On or after July 1, 2012	25.0%	25.0%
<b>School Nurses</b>		
Prior to December 31, 2013	15.0%	15.0%
On or after January 1, 2014	25.0%	25.0%
<b>School Cafeteria Staff</b>		
Prior to July 1, 2009	15.0%	14.0%
July 1, 2009 – June 30, 2010	18.3%	17.6%
July 1, 2010 – June 30, 2011	21.6%	21.3%
On or after July 1, 2011	25.0%	25.0%
<b>Teachers</b>		
Prior to December 31, 2013	15.0%	15.0%
On or after January 1, 2014	25.0%	25.0%
<b>School Administrative Assistants</b>		
Prior to July 1, 2011	15.0%	14.0%
July 1, 2011 – June 30, 2012	18.3%	18.3%
July 1, 2012 – December 31, 2012	21.6%	21.6%
On or after January 1, 2013	25.0%	25.0%
<b>School Professional Support</b>		
Prior to September 1, 2012	15.0%	14.0%
Sept 1, 2012 – December 31, 2012	20.0%	20.0%
On or after January 1, 2013	25.0%	25.0%
<b>School Custodians</b>		
Prior to December 1, 2012	15.0%	14.0%
Dec 1, 2012 – Dec 31, 2012	20.0%	20.0%
On or after January 1, 2013	25.0%	25.0%

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**GIC Health Plan Rates**  
**MONTHLY RATES AS OF JULY 1, 2022**  
**FOR TOWN OF NORTH ANDOVER SUBSCRIBERS**

**Non-Medicare Retirees, Spouses and Survivors Schedule\***  
*(Continued)*

**PPO, POS, and Indemnity Contribution Rates**

**Non-Medicare Retirees and Survivors** (Same as Active Employee Rate Sheet)

<b>Health Plan</b>	<b>Family</b>	<b>Individual</b>
<b>PPO, PPO-Type and POS</b>		
Subscribed as of December 31, 2012	25%	25%
Subscribed on or after January 1, 2013	35%	35%
<b>POS Plans</b>		
New Subscribers and Plan Changes on or after July 1, 2015	50%	50%
<b>Indemnity Plans</b>	50%	50%

**Retired Municipal Teachers (RMT) - Retired and Subscribed as of December 31, 2013:**

<b>Health Plan</b>	<b>Family</b>	<b>Individual</b>
<b>PPO, PPO-Type and POS</b>	15%	15%
<b>POS Plans</b>		
Plan Changes on or after July 1, 2015	50%	50%
<b>Indemnity Plans</b>	25%	25%

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Subscribers enrolled in the PPO or POS Plans who had rate contribution increases from 25% to 35% on 7/1/2016, effective 7/1/2019 those subscribers will return to a 25% premium contribution rate and be grandfathered in perpetuity at that contribution rate.

*\*See "Non-Medicare Retirees and Survivors" rate sheet*

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**GIC Health Plan Rates**  
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***Medicare Retirees, Spouses and Survivors***

Health Plan	Plan Type/ Category	COLUMN A  Medicare Retirees with Town Medicare Subsidy*	COLUMN B  Medicare Spouses and Survivors	COLUMN C  Retired Municipal Teachers** (RMT), Spouses and Survivors Retired and Subscribed before January 1, 2014
		35%	35%	HMO Plans - 15% Indemnity Plans - 25%
		Per Person Coverage	Per Person Coverage	Per Person Coverage
Tufts Health Plan Medicare Preferred***	HMO/ Medicare Advantage	\$ 95.90	\$ 120.90	51.81
Harvard Pilgrim Medicare Enhance	Indemnity/ Medicare Supplemental	\$ 123.39	\$ 148.39	105.99
Health New England Medicare Supplement Plus	Indemnity/ Medicare Supplement	\$ 125.60	150.60	107.57
Tufts Health Plan Medicare Complement	Indemnity/ Medicare Supplement	\$ 117.11	\$ 142.11	\$ 101.51
UniCare State Indemnity Plan/Medicare Extension (OME) with CIC (Comprehensive)	Indemnity/ Medicare Supplement	\$ 119.68	\$ 144.68	\$ 103.34
UniCare State Indemnity Plan/Medicare Extension (OME) without CIC (Non-Comprehensive)	Indemnity/ Medicare Supplement	\$ 115.70	\$ 140.70	\$ 100.50

\*Medicare Retiree Subsidy – North Andover Town Retirees will receive a Medicare retiree subsidy of \$25.00 per month through a monthly reduction to their premium. Spouses, survivors and RMT's are not eligible.

\*\*North Andover School Department teachers who retired or enrolled on or after 1/1/2014, the "Medicare Retirees and Survivors" rates apply

\*\*\*Benefits and rates of Tufts Health Plan Medicare Preferred, (a Medicare Advantage Plan) are subject to Federal approval and change on January 1.

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**GIC Retiree Dental Plan**

Monthly GIC Plan Rates as of July 1, 2022	
\$1,250 Maximum Annual Benefit Per Member	
Coverage Type	Retiree Pays Monthly
Single	\$ 28.88
Family	\$ 69.57

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