

**MONTHLY BENEFIT RATES AS OF JULY 1, 2023  
FOR THE CITY OF MEDFORD ENROLLEES**

**GIC Health Plan Rates  
Active Employees, Retires, and Survivor without Medicare**

HEALTHCARE PLANS	Employee and Non-Medicare Retiree/Survivor Pays Monthly			
	%	Individual Coverage	Family Coverage	Retiree
UNICARE TOTAL CHOICE	17.5	\$235.98	\$522.06	
HARVARD PILGRIM EXPLORER POS	17.5	\$170.87	\$422.25	
MASS GENERAL BRIGHAM HMO	15	\$133.88	\$352.86	
HARVARD PILGRIM QUALITY HMO	15	\$108.20	\$274.39	
UNICARE PLUS PPO	15	\$132.60	\$314.70	
UNICARE COMM CHOICE HMO	15	\$101.51	\$250.37	
HEALTH NE HMO	15	\$110.25	\$263.64	
HARV PILGRIM ACCESS AMER PPO (employee must live outside of New England)	17.5	\$206.57	\$460.08	
<b>MEDICARE PLANS:</b>				
TUFTS MEDICARE PREFER SR	15			\$52.91
UNICARE MEDICARE EXTENTION	15			\$63.77
HARV MEDICARE ENHANCED SR	15			\$63.28
HEALTH NE MED SUPP PLUS	15			\$64.54

Rates are calculated by the City of Medford HR Dept with the assistance of the Treasurer/Collector  
Rate questions? Please call 781-393-2406

**Cigna Dental Plans**

DENTAL PLANS (CURRENT EMPLOYEES ONLY)	%	Employee Only	EE + Spouse	Family
BASE PLAN	50	\$22.92	\$43.08	\$60.08
BUY UP PLAN	50	\$26.20	\$49.24	\$68.68

**Davis Vision Plans**

VISION PLANS (CURRENT EMPLOYEES ONLY)	%	Employee Only	Family
VISION	100	\$5.44	\$12.86