

**MONTHLY BENEFIT RATES AS OF JULY 1, 2024
FOR THE CITY OF MEDFORD ENROLLEES**

**GIC Health Plan Rates
Active Employees, Retirees, and Survivors without Medicare**

HEALTHCARE PLANS:	Employee and Non-Medicare Retiree/Survivor Monthly Rates		
	City/Employee Contrib. %	Single Plan cost/month	Family Plan cost/month
WELLPOINT TOTAL CHOICE	82.5/17.5	\$262.74	\$583.05
WELLPOINT PLUS	85/15	\$143.79	\$342.61
HARVARD PILGRIM EXPLORER	82.5/17.5	\$186.88	\$463.03
MASS GENERAL BRIGHAM COMPLETE	85/15	\$146.65	\$387.81
HEALTH NEW ENGLAND	85/15	\$116.74	\$280.04
WELLPOINT COMMUNITY CHOICE	85/15	\$111.75	\$277.36
HARVARD PILGRIM QUALITY	85/15	\$118.21	\$300.87
HARV PILGRIM ACCESS AMER PPO (employee must live outside of New England)	82.5/17.5	\$220.39	\$491.62

GIC Health Plan Rates - Medicare Supplements

MEDICARE PLANS:	City/Retiree Contrib. %	Retiree cost/month
TUFTS MEDICARE PREFERRED	85/15	\$54.58
WELLPOINT MEDICARE EXTENTION	85/15	\$66.70
HARVARD MEDICARE ENHANCE	85/15	\$65.42
HEALTH NE MEDICARE SUPP PLUS	85/15	\$65.82

**Cigna Dental Plans
Active Employees, Retirees, and Survivors**

DENTAL PLANS	City/Employee Contrib. %	Single Plan cost/month	Emp. + 1 cost/month	Family Plan cost/month
BASE PLAN	50/50	\$24.41	\$45.87	\$63.98
BUY UP PLAN	50/50	\$27.89	\$52.43	\$73.13

**Davis Vision Plans
Active Employees, Retirees, and Survivors**

VISION PLANS	Employee Contrib. %	Single Plan cost/month	Family Plan cost/month
	100	\$5.44	\$12.86