

# FY27 GIC HEALTH PLAN RATES

TOWN OF NORTH ANDOVER SUBSCRIBERS

EFFECTIVE JULY 1, 2026

**ACTIVE EMPLOYEES**  
**MONTHLY PAYCHECK AMOUNT**  
**2026-2027 RATES**

				COLUMN A		COLUMN B	
				For Active Subscribers in GIC as of December 31, 2012		For Active Subscribers in GIC on or after January 1, 2013	
GIC Provider	Plan Network	Service Area	Employee Contribution	Individual	Family	Individual	Family
Harvard Pilgrim ACCESS AMERICA	PPO National	Outside of New England	50%	\$755.66	\$1686.84	\$755.66	\$1686.84
Harvard Pilgrim EXPLORER	POS Broad	New England	25% (A) 35% (B)	\$322.81	\$800.75	\$451.93	\$1121.04
Harvard Pilgrim QUALITY	HMO Limited	Most of MA (see map)	25%	\$241.66	\$616.38	\$241.66	\$616.38
Wellpoint TOTAL CHOICE	Indemnity National	New England & International	50%	\$913.70	\$2032.96	\$913.70	\$2032.96
Wellpoint PLUS	PPO Broad	New England	25%	\$290.27	\$694.55	\$290.27	\$694.55
Wellpoint COMMUNITY CHOICE	PPO Limited	Most of MA (see map)	20%	\$180.74	\$451.24	\$180.74	\$451.24
Mass General Brigham COMPLETE HMO	HMO Broad	All of MA	25%	\$308.61	\$819.37	\$308.61	\$819.37
Health New England HNE HMO	HMO Regional	Western MA (see map)	25%	\$225.56	\$542.54	\$225.56	\$542.54

## DELTA DENTAL PLAN RATES

<b>Active Employees</b>		
<b>MONTHLY DEDUCTION AMOUNTS</b>		
Delta Dental Monthly	Individual or Family Plan (January-December)	
	INDIVIDUAL	FAMILY
Per Month	\$54.00	\$137.00

*Rates are calculated by the Town of North Andover*

QUESTIONS? CALL SCHOOL HUMAN RESOURCES & PAYROLL 978-794-1503

# FY27 GIC HEALTH PLAN RATES

TOWN OF NORTH ANDOVER SUBSCRIBERS

EFFECTIVE JULY 1, 2026

**ACTIVE EMPLOYEES**  
**26 PAYCHECKS**  
**2026-2027 RATES**

				COLUMN A		COLUMN B	
				For Active Subscribers in GIC as of December 31, 2012		For Active Subscribers in GIC on or after January 1, 2013	
GIC Provider	Plan Network	Service Area	Employee Contribution	Individual	Family	Individual	Family
Harvard Pilgrim ACCESS AMERICA	PPO National	Outside of New England	50%	\$377.83	\$843.42	\$377.83	\$843.42
Harvard Pilgrim EXPLORER	POS Broad	New England	25% (A) 35% (B)	\$161.41	\$400.38	\$225.97	\$560.52
Harvard Pilgrim QUALITY	HMO Narrow	Most of MA (see map)	25%	\$120.83	\$308.19	\$120.83	\$308.19
Wellpoint TOTAL CHOICE	Indemnity National	New England & International	50%	\$456.85	\$1016.48	\$456.85	\$1016.48
Wellpoint PLUS	PPO Broad	New England	25%	\$145.14	\$347.28	\$145.14	\$347.28
Wellpoint COMMUNITY CHOICE	PPO Limited	Most of MA (see map)	20%	\$90.37	\$225.62	\$90.37	\$225.62
Mass General Brigham COMPLETE HMO	HMO Broad	All of MA	25%	\$154.31	\$409.69	\$154.31	\$409.69
Health New England HNE HMO	HMO Regional	Western MA (see map)	25%	\$112.78	\$271.27	\$112.78	\$271.27

## DELTA DENTAL PLAN RATES

<b>Active Employees</b>		
<b>DEDUCTION AMOUNTS</b>		
Delta Dental 26 Paychecks	Individual or Family Plan (January-December)	
	INDIVIDUAL	FAMILY
Bi-Weekly	\$27.00	\$68.50
Per Month	\$54.00	\$137.00

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# FY27 GIC HEALTH PLAN RATES

TOWN OF NORTH ANDOVER SUBSCRIBERS

EFFECTIVE JULY 1, 2026

**ACTIVE EMPLOYEES**  
**21 PAYCHECKS**  
**2026-2027 RATES**

				COLUMN A		COLUMN B	
				For Active Subscribers in GIC as of December 31, 2012		For Active Subscribers in GIC on or after January 1, 2013	
GIC Provider	Plan Network	Service Area	Employee Contribution	Individual	Family	Individual	Family
Harvard Pilgrim ACCESS AMERICA	PPO National	Outside of New England	50%	\$477.26	\$1065.38	\$477.26	\$1065.38
Harvard Pilgrim EXPLORER	POS Broad	New England	25% (A) 35% (B)	\$203.88	\$505.74	\$285.43	\$708.03
Harvard Pilgrim QUALITY	HMO Narrow	Most of MA (see map)	25%	\$152.63	\$389.30	\$152.63	\$389.30
Wellpoint TOTAL CHOICE	Indemnity National	New England & International	50%	\$577.08	\$1289.98	\$577.08	\$1289.98
Wellpoint PLUS	PPO Broad	New England	25%	\$183.33	\$438.67	\$183.33	\$438.67
Wellpoint COMMUNITY CHOICE	PPO Limited	Most of MA (see map)	20%	\$114.16	\$285.00	\$114.16	\$285.00
Mass General Brigham COMPLETE HMO	HMO Broad	All of MA	25%	\$194.92	\$517.50	\$194.92	\$517.50
Health New England HNE HMO	HMO Regional	Western MA (see map)	25%	\$142.46	\$342.66	\$142.46	\$342.66

## DELTA DENTAL PLAN RATES

<i>Active Employees</i>		
<b>DEDUCTION AMOUNTS</b>		
Delta Dental 21 Paychecks	Individual or Family Plan (January-December)	
	INDIVIDUAL	FAMILY
Bi-Weekly	\$34.11	\$86.52
Per Month	\$54.00	\$137.00

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