

Group Medical & Dental Monthly Rates • Effective 7/1/2023

All plans, with the exception of Delta Dental, are offered through the Group Insurance Commission (G.I.C.) www.mass.gov/gic

Insurance Plan			Total Cost	Town Share	Employee Share	Bi-Weekly Deduction
Harvard Pilgrim Explorer	POS - Broad	Family	\$2,412.86	\$1,471.84	\$941.02	\$470.51
		Individual	\$976.42	\$810.44	\$165.98	\$82.99
Harvard Pilgrim Quality	HMO - Limited	Family	\$1,829.24	\$1,115.84	\$713.40	\$356.70
		Individual	\$721.33	\$598.71	\$122.62	\$61.31
Health New England	HMO-Regional	Family	\$1,757.61	\$1,072.15	\$685.46	\$342.73
		Individual	\$735.00	\$610.06	\$124.94	\$62.47
Mass General Brigham Health Plan Complete	HMO-Broad	Family	\$2,352.42	\$1,434.98	\$917.44	\$458.72
		Individual	\$892.50	\$740.79	\$151.72	\$75.86
UniCare State Indemnity Plan/Community Choice	PPO Type - Limited	Family	\$1,669.16	\$1,018.20	\$650.96	\$325.48
		Individual	\$676.74	\$561.70	\$115.04	\$57.52
UniCare State Indemnity Plan/Plus	PPO Type - Broad	Family	\$2,097.98	\$1,279.78	\$818.20	\$409.10
		Individual	\$883.99	\$733.71	\$150.28	\$75.14
UniCare State Indemnity Total Choice	Indemnity-Broad	Family	\$2,983.18	\$1,491.60	\$1,491.58	\$745.79
		Individual	\$1,348.43	\$674.22	\$674.22	\$337.11
Harvard Pilgrim Access America	Indemnity - National	Family	\$2,629.04	\$1,314.52	\$1,314.52	\$657.26
		Individual	\$1,180.40	\$590.20	\$590.20	\$295.10
Delta Dental		Family	\$104.40	\$52.20	\$52.20	\$26.10
		Individual	\$37.78	\$18.90	\$18.88	\$9.44