

Harvard Pilgrim Health Plan Rates
 MONTHLY RATES AS OF JULY 1, 2020
 FOR GROTON-DUNSTABLE REGIONAL SCHOOL DISTRICT ENROLLEES

Active Employees, Retirees and Survivors without Medicare

	Product Type	Employee and Non-Medicare Retiree/ Survivor Pays Monthly %	Employee and Non-Medicare Retiree/ Survivor Pays Monthly \$	Employee and Non-Medicare Retiree/ Survivor Pays Monthly \$
Health Plan			Individual Coverage	Family Coverage
Harvard Pilgrim ChoiceNet PPO	PPO	20%	169.77	441.40
Harvard Pilgrim ChoiceNet HMO	HMO	15%	101.86	264.84
HMO Best Buy HSA (High Deductible)	HMO	15%	91.24	237.23

Retirees and Survivors with Medicare (Rates change January 1, 2021)

	Product Category	Product Type	Retiree/Survivor Pays Monthly Per Person	
Health Plan			%	\$
Harvard Pilgrim Medicare Enhance	Medicare Advantage	INDEMNITY	35%	123.20

Rates are calculated by the Groton-Dunstable Regional School District Human Resources Office.

<p>RATE QUESTIONS? CALL: (978) 448-5505 ext. 3804</p>
