



GOVERNMENT OF GUAM

FY2024 - SELF-INSURED GROUP HEALTH INSURANCE PROGRAM RATES

Actives - Bi-Weekly Rates; Retirees - Semi-Monthly Rates

MEDICAL RATES				
HSA2000				
PLAN	CLASS	SELECTCARE - HSA2000		
		TOTAL	GOV	EMP/RET
HSA2000 ACTIVE	I	\$155.65	\$153.61	\$2.04
	II	\$311.56	\$266.48	\$45.08
	III	\$255.78	\$219.57	\$36.21
	IV	\$418.04	\$359.21	\$58.83
HSA2000 RETIREE	I	\$415.23	\$413.02	\$2.21
	II	\$830.74	\$781.90	\$48.84
	III	\$523.71	\$484.48	\$39.23
	IV	\$946.10	\$882.37	\$63.73
PPO1500				
PLAN	CLASS	SELECTCARE - PPO1500		
		TOTAL	GOV	EMP/RET
PPO1500 ACTIVE	I	\$312.60	\$235.24	\$77.36
	II	\$625.47	\$431.96	\$193.51
	III	\$514.76	\$369.05	\$145.71
	IV	\$841.82	\$602.69	\$239.13
PPO1500 RETIREE	I	\$840.31	\$756.50	\$83.81
	II	\$1,680.91	\$1,471.27	\$209.64
	III	\$1,059.32	\$901.47	\$157.85
	IV	\$1,915.29	\$1,656.23	\$259.06
RETIREE SUPPLEMENTAL PLAN (RSP)				
Medicare Eligibility Requirements - Enrolled in Medicare A & B				
PLAN	CLASS	SELECTCARE - RSP		
		TOTAL	GOV	EMP/RET
RSP	I	\$201.36	\$201.36	\$0.00
	IIa	\$403.01	\$403.01	\$0.00
	IIb	\$920.63	\$895.63	\$25.00
	III	\$347.93	\$322.93	\$25.00
	IVa	\$1,105.85	\$1,080.85	\$25.00
	IVb	\$1,105.85	\$1,080.85	\$25.00

DENTAL RATES				
PLAN	CLASS	NETCARE		
		DENTAL 1500		
		TOTAL	GOV	EMP/RET
DENTAL ACTIVE	I	\$20.23	\$11.46	\$8.77
	II	\$43.50	\$15.12	\$28.38
	III	\$35.41	\$12.63	\$22.78
	IV	\$57.66	\$20.37	\$37.29
DENTAL RETIREE	I	\$21.92	\$12.87	\$9.05
	II	\$47.13	\$16.99	\$30.14
	III	\$38.36	\$14.17	\$24.19
	IV	\$62.47	\$22.88	\$39.59

MEDICAL & DENTAL CLASSES	ACTIVE	
	CLASS I	Subscriber Only (No Dependents)
	CLASS II	Subscriber + Spouse (Domestic Partner) Only
	CLASS III	Subscriber + Child/ren Only
	CLASS IV	Subscriber + Family (Spouse/Domestic Partner & Child/ren)

MEDICAL & DENTAL CLASSES	RETIREE & SURVIVORS	
	CLASS I	RSP Subscriber Only
	CLASS IIa	RSP Subscriber + RSP Spouse/Domestic Partner (Medicare A & B Both Enrolled)
	CLASS IIb	RSP Subscriber + Non-Medicare Spouse/Domestic Partner
	CLASS III	RSP Subscriber + Non-Medicare Child/ren
	CLASS IVa	RSP Subscriber + Spouse/Domestic Partner (Medicare A & B Both Enrolled) +Non-Medicare Child/ren
	CLASS IVb	RSP Subscriber + Non-Medicare Spouse/Domestic Partner + Child/ren

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DATE