Health Insurance Rates
Rates eff. 7/1/2023

Health Insurance

Teachers Who Retired Before November 24, 2008, Employees and Non-Medicare Retirees/Survivors	Network	Individual Coverage								Family Coverage							
		Monthly Premium %	Employee Monthly Premium Cost	10 month Premiums	52 Week Premiums	41 Week Premiums	39 Week Premiums	26 Week Premiums	21 Week Premiums	Total Plan Premium Cost	Employee Monthly Premium Cost	10 month Premiums	52 Week Premiums	41 Week Premiums	39 Week Premiums	26 Week Premiums	21 Week Premiums
			$ -	$ -	$ -	$ -	$ -	$ -	$ -	17.75%	$ -	$ -	$ -	$ -	$ -	$ -	$ -
			$ -	$ -	$ -	$ -	$ -	$ -	$ -	17.75%	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Harvard Pilgrim Explorer (POS)	Broad	17.75%	$ 173.32	$ 207.99	$ 40.00	$ 50.73	$ 53.33	$ 80.00	$ 99.04	17.75%	$ 428.29	$ 513.95	$ 98.84	$ 125.36	$ 131.79	$ 197.68	$ 244.74
HP Health Care Quality (HMO)	Limited	17.75%	$ 128.04	$ 153.65	$ 29.55	$ 37.48	$ 39.40	$ 59.10	$ 73.17	17.75%	$ 324.70	$ 389.64	$ 74.94	$ 95.04	$ 99.91	$ 149.87	$ 185.55
Health New England	Regional	17.75%	$ 130.47	$ 156.57	$ 30.11	$ 38.19	$ 40.15	$ 60.22	$ 74.56	17.75%	$ 311.98	$ 374.38	$ 72.00	$ 91.32	$ 96.00	$ 144.00	$ 178.28
Tufts Health Plan Navigator (Not Available)	N/A	17.75%	$ -	$ -	$ -	$ -	$ -	$ -	$ -	17.75%	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Tufts Health Plan Spirit (Not Available)	N/A	17.75%	$ -	$ -	$ -	$ -	$ -	$ -	$ -	17.75%	$ -	$ -	$ -	$ -	$ -	$ -	$ -
MGB Health Complete (HMO - Former Allways Health Partners)	Broad	17.75%	$ 158.42	$ 190.11	$ 36.56	$ 46.37	$ 48.75	$ 73.12	$ 90.53	17.75%	$ 417.56	$ 501.08	$ 96.36	$ 122.22	$ 128.48	$ 192.72	$ 238.61
Unicare Total Choice (Indemnity)	Broad	20.00%	$ 269.69	$ 323.63	$ 62.24	$ 78.94	$ 82.99	$ 124.48	$ 154.11	20.00%	$ 587.64	$ 705.17	$ 135.61	$ 172.00	$ 180.82	$ 271.22	$ 335.80
Harvard Pilgrim Access America (PPO - National Network)	National	17.75%	$ 209.53	$ 251.44	$ 48.36	$ 61.33	$ 64.48	$ 96.71	$ 119.74	17.75%	$ 466.66	$ 560.00	$ 107.70	$ 136.59	$ 143.59	$ 215.39	$ 266.67
Unicare Community Choice (PPO-Type)	Limited	17.75%	$ 120.13	$ 144.16	$ 27.73	$ 35.16	$ 36.97	$ 55.45	$ 68.65	17.75%	$ 296.28	$ 355.54	$ 68.38	$ 86.72	$ 91.17	$ 136.75	$ 169.31
Unicare Plus (PPO-Type)	Broad	17.75%	$ 156.91	$ 188.30	$ 36.21	$ 45.93	$ 48.28	$ 72.42	$ 89.67	17.75%	$ 372.40	$ 446.88	$ 85.94	$ 109.00	$ 114.59	$ 171.88	$ 212.80