

Non-Medicare Health Insurance Rates Rates eff. 7/1/2024

Health Insurance																
Teachers Who Retired Before November 24, 2008, Employees and Non-Medicare Retirees/Survivors	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
Harvard Pilgrim Independence Plan	17.75%	\$ 189.55	\$ 227.46	\$ 43.75	\$ 55.48	\$ 58.33	\$ 87.49	\$ 108.32	17.75%	\$ 469.65	\$ 563.58	\$ 108.39	\$ 137.46	\$ 144.51	\$ 216.77	\$ 268.38
Harvard Pilgrim Primary Choice	17.75%	\$ 139.88	\$ 167.86	\$ 32.28	\$ 40.95	\$ 43.04	\$ 64.56	\$ 79.94	17.75%	\$ 356.04	\$ 427.25	\$ 82.17	\$ 104.21	\$ 109.56	\$ 164.33	\$ 203.46
Health New England	17.75%	\$ 138.14	\$ 165.77	\$ 31.88	\$ 40.44	\$ 42.51	\$ 63.76	\$ 78.94	17.75%	\$ 331.39	\$ 397.67	\$ 76.48	\$ 97.00	\$ 101.97	\$ 152.95	\$ 189.37
AllWays Health Partners Complete <small>(formally NHP)</small>	17.75%	\$ 173.54	\$ 208.25	\$ 40.05	\$ 50.80	\$ 53.40	\$ 80.10	\$ 99.17	17.75%	\$ 458.92	\$ 550.71	\$ 105.91	\$ 134.32	\$ 141.21	\$ 211.81	\$ 262.24
Wellpoint Total Choice (Formally Basic)	20.00%	\$ 300.27	\$ 360.33	\$ 69.30	\$ 87.89	\$ 92.40	\$ 138.59	\$ 171.59	20.00%	\$ 666.35	\$ 799.62	\$ 153.78	\$ 195.03	\$ 205.04	\$ 307.55	\$ 380.78
Harvard Pilgrim Access America <small>(outside New England Only)</small>	17.75%	\$ 223.55	\$ 268.26	\$ 51.59	\$ 65.43	\$ 68.79	\$ 103.18	\$ 127.75	17.75%	\$ 498.65	\$ 598.38	\$ 115.08	\$ 145.95	\$ 153.44	\$ 230.15	\$ 284.95
Wellpoint Community Choice (Uicare)	17.75%	\$ 132.24	\$ 158.69	\$ 30.52	\$ 38.71	\$ 40.69	\$ 61.04	\$ 75.57	17.75%	\$ 328.22	\$ 393.87	\$ 75.75	\$ 96.07	\$ 101.00	\$ 151.49	\$ 187.56
Wellpoint Plus (Uicare)	17.75%	\$ 170.16	\$ 204.20	\$ 39.27	\$ 49.81	\$ 52.36	\$ 78.54	\$ 97.24	17.75%	\$ 405.42	\$ 486.51	\$ 93.56	\$ 118.66	\$ 124.75	\$ 187.12	\$ 231.67

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Dental Coverage	Individual Coverage								Family Coverage							
	Monthly Premium %	Monthly Premiums	10 month Premiums	52 Week Premiums	41 Week Premiums	39 Week Premiums	26 Week Premiums	21 Week Premiums	Monthly Premium %	Monthly Premiums	10 month Premiums	52 Week Premiums	41 Week Premiums	39 Week Premiums	26 Week Premiums	21 Week Premiums
SunLife Dental-Basic/Low Option - Active Employee	100.00%	\$ 35.52	\$ 42.63	\$ 8.20	\$ 10.40	\$ 10.93	\$ 16.40	\$ 20.30	100.00%	\$ 94.57	\$ 113.48	\$ 21.83	\$ 27.68	\$ 29.10	\$ 43.65	\$ 54.04
SunLife Dental-High/Enhanced Option - Active Employee	100.00%	\$ 38.44	\$ 46.13	\$ 8.88	\$ 11.26	\$ 11.83	\$ 17.75	\$ 21.97	100.00%	\$ 102.34	\$ 122.81	\$ 23.62	\$ 29.96	\$ 31.49	\$ 47.24	\$ 58.48
Sun Life Dental-Enhanced Plus- Active Employee	100.00%	\$ 56.21	\$ 67.46	\$ 12.98	\$ 16.46	\$ 17.30	\$ 25.95	\$ 32.12	100.00%	\$ 163.92	\$ 196.70	\$ 37.83	\$ 47.98	\$ 50.44	\$ 75.66	\$ 93.67
Sun Life Dental - Low Option - Retiree		\$ 42.33								\$ 88.89						
Sun Life Dental - High Option - Retiree		\$ 47.86								\$ 100.51						

Vision Coverage	Monthly Premium %	Monthly Premiums	10 month Premiums	52 Week Premiums	41 Week Premiums	39 Week Premiums	26 Week Premiums	21 Week Premiums
Basic Vision Plan								
EyeMed Subscriber (only)	100.00%	\$ 3.55	\$ 4.26	\$ 0.82	\$ 1.04	\$ 1.10	\$ 1.64	\$ 2.03
EyeMed Subscriber + 1	100.00%	\$ 6.74	\$ 8.09	\$ 1.56	\$ 1.98	\$ 2.08	\$ 3.12	\$ 3.86
EyeMed Subscriber + Family	100.00%	\$ 9.90	\$ 11.88	\$ 2.29	\$ 2.90	\$ 3.05	\$ 4.57	\$ 5.66
Enhanced Vision Plan								
EyeMed Subscriber (only)	100.00%	\$ 7.16	\$ 8.60	\$ 1.66	\$ 2.10	\$ 2.21	\$ 3.31	\$ 4.10
EyeMed Subscriber + 1	100.00%	\$ 13.59	\$ 16.31	\$ 3.14	\$ 3.98	\$ 4.19	\$ 6.28	\$ 7.77
EyeMed Subscriber + Family	100.00%	\$ 19.96	\$ 23.96	\$ 4.61	\$ 5.85	\$ 6.15	\$ 9.22	\$ 11.41