Health Insurance Rates
Rates eff. 7/1/2019

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
Fallon Community Health Plan Direct Care	17.75%	$ 106.63	$ 127.96	$ 24.61	$ 31.21	$ 32.81	$ 49.22	$ 60.94	17.75%	$ 268.78	$ 322.54	$ 62.03	$ 78.67	$ 82.71	$ 124.06	$ 153.59
Fallon Community Health Plan Select Care	17.75%	$ 144.10	$ 172.92	$ 33.26	$ 42.18	$ 44.34	$ 66.51	$ 82.35	17.75%	$ 350.02	$ 420.03	$ 80.78	$ 102.45	$ 107.70	$ 161.55	$ 200.02
Harvard Pilgrim Independence Plan	17.75%	$ 157.92	$ 189.51	$ 36.45	$ 46.23	$ 48.60	$ 72.89	$ 90.24	17.75%	$ 385.44	$ 462.53	$ 88.95	$ 112.82	$ 118.60	$ 177.90	$ 220.26
Harvard Pilgrim Primary Choice	17.75%	$ 114.63	$ 137.56	$ 26.46	$ 33.56	$ 35.28	$ 52.91	$ 65.51	17.75%	$ 292.26	$ 350.72	$ 67.45	$ 85.54	$ 89.93	$ 134.89	$ 167.01
Health New England	17.75%	$ 101.32	$ 121.59	$ 23.39	$ 29.66	$ 31.18	$ 46.77	$ 57.90	17.75%	$ 240.79	$ 288.95	$ 55.57	$ 70.48	$ 74.09	$ 111.14	$ 137.60
Tufts Health Plan Navigator	17.75%	$ 132.73	$ 159.28	$ 30.63	$ 38.85	$ 40.84	$ 61.26	$ 75.85	17.75%	$ 323.42	$ 388.11	$ 74.64	$ 94.66	$ 99.52	$ 149.28	$ 184.82
Tufts Health Plan Spirit	17.75%	$ 100.45	$ 120.54	$ 23.19	$ 29.40	$ 30.91	$ 46.37	$ 57.40	17.75%	$ 241.22	$ 289.47	$ 55.67	$ 70.61	$ 74.23	$ 111.34	$ 137.84
AllWays Health Partners Complete (formally NHP)	17.75%	$ 114.84	$ 137.81	$ 26.51	$ 33.62	$ 35.34	$ 53.01	$ 65.63	17.75%	$ 297.79	$ 357.35	$ 68.73	$ 87.16	$ 91.63	$ 137.45	$ 170.17
UniCare State Indemnity Plan/Basic *with CIC (Comprehensive)*	20.00%	$ 217.22	$ 260.67	$ 50.13	$ 63.58	$ 66.84	$ 100.26	$ 124.13	20.00%	$ 481.32	$ 577.59	$ 111.08	$ 140.88	$ 148.10	$ 222.15	$ 275.04
UniCare State Indemnity Plan/Basic *without CIC (Non-Comprehensive)*	20.00%	$ 206.91	$ 248.30	$ 47.75	$ 60.56	$ 63.67	$ 95.50	$ 118.24	20.00%	$ 457.84	$ 549.41	$ 105.66	$ 134.01	$ 140.88	$ 211.32	$ 261.63
UniCare State Indemnity Plan/ Community Choice	17.75%	$ 91.86	$ 110.24	$ 21.20	$ 26.89	$ 28.27	$ 42.40	$ 52.50	17.75%	$ 226.67	$ 272.01	$ 52.31	$ 66.35	$ 69.75	$ 104.62	$ 129.53
UniCare State Indemnity Plan/PLUS	17.75%	$ 123.56	$ 148.28	$ 28.52	$ 36.17	$ 38.02	$ 57.03	$ 70.61	17.75%	$ 293.70	$ 352.44	$ 67.78	$ 85.97	$ 90.37	$ 135.56	$ 167.83

Teachers Who Retired Before November 24, 2008, Retirees and Survivors	Individual Coverage	
	Monthly Premium %	Monthly Premium Cost
Fallon Senior Plan	12.50%	$ -
Harvard Pilgrim Medicare Enhance	12.50%	$ 48.89
Health New England MedPlus	12.50%	$ 48.98
Tufts Health Plan Medicare Complement	12.50%	$ 46.44
Tufts Health Plan Medicare Preferred	12.50%	$ 40.31
UniCare State Indemnity Plan/Medicare Extension (OME) *with CIC (Comprehensive)*	12.50%	$ 48.37
UniCare State Indemnity Plan/Medicare Extension (OME) *without CIC (Non-Comprehensive)*	12.50%	$ 47.04