

Health Insurance Plan Rates (Monthly Full Cost)



Effective July 1, 2022

Full cost rates include the 0.30% administrative fee.

You do not pay the full cost rate. Your share of the cost depends on your city or town cost-sharing arrangement. Contact your local benefit coordinator for information on your premiums.

EMPLOYEE AND NON-MEDICARE RETIREE/SURVIVOR HEALTH INSURANCE PLANS

HEALTH INSURANCE PLANS	PLAN NETWORK	PLAN TYPE	INDIVIDUAL COVERAGE	FAMILY COVERAGE
UniCare State Indemnity Plan/Basic <i>with CIC</i>	National Network	Indemnity	\$1,239.09	\$2,752.65
UniCare State Indemnity Plan/Basic <i>without CIC</i>			\$1,179.92	\$2,617.94
UniCare State Indemnity Plan/PLUS	Broad Network	PPO-Type	\$811.39	\$1,938.75
Tufts Health Plan Navigator		POS	\$891.16	\$2,183.15
Harvard Pilgrim Independence Plan		POS	\$1,036.03	\$2,534.63
Health New England	Regional Network	HMO	\$669.71	\$1,602.13
AllWays Health Partners Complete HMO			\$844.47	\$2,211.64
UniCare State Indemnity Plan/Community Choice	Limited Network	PPO-Type	\$623.83	\$1,553.41
Tufts Health Plan Spirit		HMO-Type	\$675.73	\$1,634.54
Harvard Pilgrim Primary Choice Plan		HMO	\$746.72	\$1,909.58

MEDICARE HEALTH INSURANCE PLANS

HEALTH INSURANCE PLANS	PLAN NETWORK	PLAN TYPE	PER PERSON
Tufts Health Plan Medicare Preferred	Medicare Advantage	HMO	\$345.42
Tufts Health Plan Medicare Complement	Medicare Supplement	Indemnity	\$406.02
UniCare State Indemnity Plan/Medicare Extension (OME) <i>with CIC</i> (Comprehensive)			\$413.37
UniCare State Indemnity Plan/Medicare Extension (OME) <i>without CIC</i> (Non-Comprehensive)			\$402.01
Harvard Pilgrim Medicare Enhance			\$423.97
Health New England Medicare Supplement Plus			\$430.29