

# Monthly Full Cost Rates



Effective July 1, 2021

Full cost rates include the 0.35% 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 PRODUCTS

Check pages 5-8 for product details

HEALTH INSURANCE PRODUCTS	PRODUCT CATEGORY	PRODUCT TYPE	INDIVIDUAL COVERAGE	FAMILY COVERAGE
UniCare State Indemnity Plan/Basic <i>with CIC</i>	National Network	Indemnity	\$1,204.17	\$2,674.11
UniCare State Indemnity Plan/Basic <i>without CIC</i>			\$1,143.57	\$2,536.14
UniCare State Indemnity Plan/PLUS	Broad Network	PPO-Type	\$781.99	\$1,866.72
Tufts Health Plan Navigator		POS	\$836.65	\$2,045.93
Fallon Health Select Care		HMO	\$862.99	\$2,100.58
Harvard Pilgrim Independence Plan		POS	\$964.26	\$2,356.13
Health New England	Regional Network	HMO	\$630.33	\$1,504.45
AllWays Health Partners Complete HMO			\$767.96	\$2,005.69
UniCare State Indemnity Plan/Community Choice	Limited Network	PPO-Type	\$593.83	\$1,475.84
Tufts Health Plan Spirit		HMO-Type	\$638.72	\$1,541.91
Fallon Health Direct Care		HMO	\$637.52	\$1,611.71
Harvard Pilgrim Primary Choice Plan		HMO	\$697.95	\$1,781.96

## MEDICARE HEALTH INSURANCE PRODUCTS

Check pages 9-11 for product details

HEALTH INSURANCE PRODUCTS	PRODUCT CATEGORY	PRODUCT TYPE	PER PERSON
Tufts Health Plan Medicare Preferred	Medicare Advantage	HMO	\$332.70
Tufts Health Plan Medicare Complement	Medicare Supplement	Indemnity	\$392.59
UniCare State Indemnity Plan/Medicare Extension (OME) <i>with CIC</i> (Comprehensive)			\$408.84
UniCare State Indemnity Plan/Medicare Extension (OME) <i>without CIC</i> (Non-Comprehensive)			\$397.12
Harvard Pilgrim Medicare Enhance			\$413.42
Health New England Medicare Supplement Plus			\$414.18