**Active Employees, Retirees and Survivors without Medicare**

|  |  |  |  |
| --- | --- | --- | --- |
|  | Employee and Non-Medicare Retiree/ Survivor Pays Monthly % | Employee and Non-Medicare Retiree/ Survivor Pays Monthly $ | Employee and Non-Medicare Retiree/ Survivor Pays Monthly $ |
| **Health Plan**  |  | **Individual Coverage** | **Family****Coverage** |
| Fallon Health Direct Care | 25% | $138.66 | $332.80 |
| Fallon Health Select Care- ***CLOSED TO NEW MEMBERS*** | 25% | $184.27 | $442.22 |
| Harvard Pilgrim Independence Plan- ***CLOSED TO NEW MEMBERS*** | 25% | $206.06 | $502.78 |
| Harvard Pilgrim Primary Choice Plan | 25% | $155.18 | $378.63 |
| Health New England | 25% | $137.04 | $339.75 |
| NHP Prime (Neighborhood Health Plan) | 25% | $138.51 | $367.06 |
| Tufts Health Plan Navigator- ***CLOSED TO NEW MEMBERS*** | 25% | $182.21 | $444.60 |
| Tufts Health Plan Spirit | 25% | $138.32 | $332.98 |
| UniCare State Indemnity Plan/Basic with CIC (Comprehensive) | 25% | $259.70 | $607.64 |
| UniCare State Indemnity Plan/Basic without CIC (Non-Comprehensive) | 25% | $247.95 | $580.38 |
| UniCare State Indemnity Plan/Community Choice | 25% | $130.15 | $312.37 |
| UniCare State Indemnity Plan/PLUS | 25% | $173.30 | $414.03 |

**Retirees and Survivors with Medicare**

|  |  |
| --- | --- |
|  | Retiree/Survivor Pays Monthly**Per Person** |
| **Health Plan**  | % | $ |
| Fallon Senior Plan\* | 25% | $84.04 |
| Harvard Pilgrim Medicare Enhance | 25% | $105.76 |
| Health New England MedPlus | 25% | $98.71 |
| Tufts Health Plan Medicare Complement | 25% | $95.57 |
| Tufts Health Plan Medicare Preferred\* | 25% | $75.26 |
| UniCare State Indemnity Plan/Medicare Extension (OME) with CIC (Comprehensive) | 25% | $95.16 |
| UniCare State Indemnity Plan/Medicare Extension (OME) without CIC (Non-Comprehensive) | 25% | $92.48 |

***\*Benefits and rates of Fallon Senior Plan and Tufts Health Plan Medicare Preferred are subject to federal approval and may change on January 1, 2018.***