**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) | 30% | $247.27 | $603.33 |
| 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) | 30% | $218.65 | $533.52 |
| Tufts Health Plan Spirit | 25% | $138.32 | $332.98 |
| UniCare State Indemnity Plan/Basic with CIC (Comprehensive) | 40% | $415.52 | $972.22 |
| UniCare State Indemnity Plan/Basic without CIC (Non-Comprehensive) | 40% | $396.72 | $928.61 |
| UniCare State Indemnity Plan/Community Choice | 30% | $156.18 | $374.84 |
| UniCare State Indemnity Plan/PLUS | 30% | $207.96 | $496.84 |

**Retirees and Survivors with Medicare**

|  |  |
| --- | --- |
|  | Retiree/Survivor Pays Monthly**Per Person** |
| **Health Plan**  | % | $ |
| Fallon Senior Plan\* | 40% |  $ 134.47  |
| Harvard Pilgrim Medicare Enhance | 40% |  $ 169.22  |
| Health New England MedPlus | 40% |  $ 157.94  |
| Tufts Health Plan Medicare Complement | 40% |  $ 152.90  |
| Tufts Health Plan Medicare Preferred\* | 40% |  $ 120.42  |
| UniCare State Indemnity Plan/Medicare Extension (OME) with CIC (Comprehensive) | 40% |  $ 152.26  |
| UniCare State Indemnity Plan/Medicare Extension (OME) without CIC (Non-Comprehensive) | 40% |  $ 147.96  |

***\*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.***