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

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Employee and Non-Medicare Retiree/ Survivor Pays Monthly** | | |
| **Health Plan** | **%** | **Individual Coverage** | **Family**  **Coverage** |
| Fallon Health Direct Care | 17% | 94.29 | 226.30 |
| Fallon Health Select Care (CLOSED TO NEW MEMBERS) | 17% | 125.30 | 300.71 |
| Harvard Pilgrim Independence Plan (CLOSED TO NEW MEMBERS) | 17% | 140.12 | 341.89 |
| Harvard Pilgrim Primary Choice Plan | 17% | 105.52 | 257.47 |
| Health New England | 17% | 93.19 | 231.03 |
| NHP Prime (Neighborhood Health Plan) | 17% | 94.19 | 249.60 |
| Tufts Health Plan Navigator (CLOSED TO NEW MEMBERS) | 17% | 123.90 | 302.33 |
| Tufts Health Plan Spirit | 17% | 94.06 | 226.43 |
| UniCare State Indemnity Plan/Basic with CIC (Comprehensive) | 35% | 363.58 | 850.69 |
| UniCare State Indemnity Plan/Basic without CIC (Non-Comprehensive) | 35% | 347.13 | 812.53 |
| UniCare State Indemnity Plan/Community Choice | 17% | 88.50 | 212.41 |
| UniCare State Indemnity Plan/PLUS | 17% | 117.84 | 281.54 |

**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.***