**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 | 18% | 99.84 | 239.62 |
| Fallon Health Select Care | 18% | 132.67 | 318.40 |
| Harvard Pilgrim Independence Plan | 20% | 164.85 | 402.22 |
| Harvard Pilgrim Primary Choice Plan | 18% | 111.73 | 272.62 |
| Health New England | 18% | 98.67 | 244.62 |
| NHP Prime *(Neighborhood Health Plan)* | 18% | 99.73 | 264.28 |
| Tufts Health Plan Navigator | 20% | 145.77 | 355.68 |
| Tufts Health Plan Spirit | 18% | 99.59 | 239.75 |
| 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 | 20% | 104.12 | 249.89 |
| UniCare State Indemnity Plan/PLUS | 20% | 138.64 | 331.23 |

**Retirees and Survivors with Medicare**

|  |  |
| --- | --- |
|  | **Retiree and Survivor**Retiree/Survivor Pays MonthlyPer Person¹ |
| **Health Plan**  | % | **Retired and 65****PRIOR to 1/1/16** | **Retired and 65****ON or AFTER 1/1/16** |
| Fallon Senior Plan¹'² | 35% | 63.16 | 50.66 |
| Harvard Pilgrim Medicare Enhance¹ | 35% | 93.57 | 81.07 |
| Health New England MedPlus¹ | 35% | 83.69 | 71.19 |
| Tufts Health Plan Medicare Complement | 35% | 79.29 | 66.79 |
| Tufts Health Plan Medicare Preferred\*¹ | 35% | 50.87 | 38.37 |
| UniCare State Indemnity Plan/Medicare Extension (OME) *with CIC (Comprehensive)*¹ | 35% | 78.72 | 66.22 |
| UniCare State Indemnity Plan/Medicare Extension (OME) *without CIC (Non-Comprehensive)*¹ | 35% | 74.97 | 62.47 |

**1** *Monthly rates include 50% subsidy for Medicare Part B premiums based on retirement date and age at the time of Medicare eligibility. Rates above are based on the standard rate of $109.00 and $134.00 per your Medicare premium rate. Medicare Part B premiums are subject to change.*

**2** *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.*