



**BI-WEEKLY MEDICAL/DENTAL INSURANCE
RATES EFFECTIVE JULY 1, 2021
FOR EMPLOYEES HIRED BEFORE JULY 1, 2003**



Plans	42 Week (21 Pay Period Employee)	52 Week (26 Pay Period Employee)
Fallon Community Health Plan Direct Care		
Individual	\$72.86	\$58.85
Family	\$184.20	\$148.77
Fallon Community Health Plan Select Care		
Individual	\$98.63	\$79.66
Family	\$240.07	\$193.90
Harvard Pilgrim Independence Plan		
Individual	\$110.20	\$89.01
Family	\$269.27	\$217.49
Harvard Pilgrim Primary Choice		
Individual	\$79.77	\$64.43
Family	\$203.65	\$164.49
Health New England		
Individual	\$72.04	\$58.18
Family	\$171.94	\$138.87
Allways Health Partners		
Individual	\$87.77	\$70.89
Family	\$229.22	\$185.14
Tufts Health Plan Navigator		
Individual	\$95.62	\$77.23
Family	\$233.82	\$188.86
Tufts Health Plan Spirit		
Individual	\$73.00	\$58.96
Family	\$176.22	\$142.33
Unicare State Indemnity Plan/Basic with CIC		
Individual	\$165.32	\$133.53
Family	\$368.68	\$297.78
Unicare State Indemnity Plan/Basic without CIC		
Individual	\$130.69	\$105.56
Family	\$289.84	\$234.11
Unicare State Indemnity Plan/Community Choice		
Individual	\$67.87	\$54.82
Family	\$168.67	\$136.23
Unicare State Indemnity Plan/PLUS		
Individual	\$89.37	\$72.18
Family	\$213.34	\$172.31