



**BI-WEEKLY MEDICAL/DENTAL INSURANCE
RATES EFFECTIVE JULY 1, 2018
FOR EMPLOYEES HIRED AFTER JULY 1, 2003**



Plans	42 Week (21 Pay Period Employee)	52 Week (26 Pay Period Employee)
Fallon Community Health Plan Direct Care		
Individual	\$80.90	\$65.34
Family	\$203.28	\$164.19
Fallon Community Health Plan Select Care		
Individual	\$109.37	\$88.34
Family	\$265.08	\$214.10
Harvard Pilgrim Independence Plan		
Individual	\$118.10	\$95.39
Family	\$287.06	\$231.85
Harvard Pilgrim Primary Choice		
Individual	\$86.18	\$69.60
Family	\$218.44	\$176.43
Health New England		
Individual	\$78.71	\$63.57
Family	\$186.65	\$150.75
NHP Care (Neighborhood Health Plan)		
Individual	\$82.92	\$66.97
Family	\$213.73	\$172.63
Tufts Health Plan Navigator		
Individual	\$106.21	\$85.78
Family	\$258.84	\$209.06
Tufts Health Plan Spirit		
Individual	\$80.61	\$65.10
Family	\$193.63	\$156.40
Unicare State Indemnity Plan/Basic with CIC		
Individual	\$172.08	\$138.99
Family	\$382.32	\$308.79
Unicare State Indemnity Plan/Basic without CIC		
Individual	\$144.24	\$116.50
Family	\$318.93	\$257.60
Unicare State Indemnity Plan/Community Choice		
Individual	\$71.74	\$57.94
Family	\$176.65	\$142.68
Unicare State Indemnity Plan/PLUS		
Individual	\$99.44	\$80.32
Family	\$236.36	\$190.91
Altus Dental		
Individual	\$4.91	\$3.96
Individual plus 1	\$9.81	\$7.93
Family	\$11.86	\$9.58