



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



Plans	42 Week Pay Period Employee) (21	52 Week Pay Period Employee) (26
Fallon Community Health Plan Direct Care		
Individual	\$64.72	\$52.27
Family	\$162.63	\$131.35
Fallon Community Health Plan Select Care		
Individual	\$87.50	\$70.67
Family	\$212.06	\$171.28
Harvard Pilgrim Independence Plan		
Individual	\$94.48	\$76.31
Family	\$229.65	\$185.48
Harvard Pilgrim Primary Choice		
Individual	\$68.94	\$55.68
Family	\$174.75	\$141.15
Health New England		
Individual	\$62.97	\$50.86
Family	\$149.32	\$120.60
NHP Care (Neighborhood Health Plan)		
Individual	\$66.33	\$53.58
Family	\$170.98	\$138.10
Tufts Health Plan Navigator		
Individual	\$84.97	\$68.63
Family	\$207.07	\$167.25
Tufts Health Plan Spirit		
Individual	\$64.48	\$52.08
Family	\$154.91	\$125.12
Unicare State Indemnity Plan/Basic with CIC		
Individual	\$143.23	\$115.69
Family	\$318.53	\$257.27
Unicare State Indemnity Plan/Basic without CIC		
Individual	\$115.39	\$93.20
Family	\$255.15	\$206.08
Unicare State Indemnity Plan/Community Choice		
Individual	\$57.39	\$46.35
Family	\$141.32	\$114.14
Unicare State Indemnity Plan/PLUS		
Individual	\$79.55	\$64.25
Family	\$189.09	\$152.73
Altus Dental		
Individual	\$4.91	\$3.96
Individual plus 1	\$9.81	\$7.93
Family	\$11.86	\$9.58