



Non-Medicare Rates for Active Employees & Retirees
(Rates begin June 2022 for July 1st Coverage)

Plan Name	Coverage	52 Weeks	39 Weeks	26 Weeks	22 Weeks	Monthly
Cigna Dental/Vision Plan	Individual	1.63	2.18	3.27	3.86	7.08
	Family	3.78	5.04	7.56	8.94	16.39
Unicare Basic Indemnity with CIC	Individual	71.49	95.31	142.97	168.97	309.77
	Family	158.81	211.74	317.61	375.36	688.16
Unicare Basic Indemnity without CIC	Individual	68.07	90.76	136.14	160.90	294.98
	Family	151.04	201.38	302.07	356.99	654.49
Unicare Indemnity Community Choice	Individual	35.99	47.99	71.98	85.07	155.96
	Family	89.62	119.49	179.24	211.83	388.35
Unicare Indemnity Plus	Individual	46.81	62.41	93.62	110.64	202.85
	Family	111.85	149.13	223.70	264.38	484.69
Harvard Pilgrim Independence	Individual	59.77	79.69	119.54	141.28	259.01
	Family	146.23	194.97	292.46	345.63	633.66
Harvard Pilgrim Primary Choice	Individual	43.08	57.44	86.16	101.83	186.68
	Family	110.17	146.89	220.34	260.40	477.40
Tufts Navigator	Individual	51.41	68.55	102.83	121.52	222.79
	Family	125.95	167.93	251.90	297.70	545.79
Tufts Spirit	Individual	38.98	51.98	77.97	92.15	168.93
	Family	94.30	125.73	188.60	222.89	408.64
Fallon Select Care	Individual	<i>Discontinued</i>				
	Family	<i>Discontinued</i>				
Fallon Direct Care	Individual	<i>Discontinued</i>				
	Family	<i>Discontinued</i>				
Health New England	Individual	38.64	51.52	77.27	91.32	167.43
	Family	92.43	123.24	184.86	218.47	400.53
AllWays Health Partners	Individual	48.72	64.96	97.44	115.16	211.12
	Family	127.59	170.13	255.19	301.59	552.91

***Fallon Health Plans are discontinued effective 7/1/2022. Enrollees must choose a new plan during Open Enrollment or will automatically be enrolled in Unicare Indemnity Plus.**



Medicare Rates for Retirees
(Rates begin June 2022 for July 1st Coverage)

Plan	Coverage	Monthly
Cigna Dental/Vision Plan	Individual	7.08
	Family	16.39
UniCare State Indemnity Plan/Medicare Extension (OME) with CIC (Comprehensive)	Individual	103.34
	Family	206.69
UniCare State Indemnity Plan/Medicare Extension (OME) without CIC (Non-Comprehensive)	Individual	100.50
	Family	201.01
Health New England MedPlus	Individual	107.57
	Family	215.15
Harvard Pilgrim Medicare Enhance	Individual	105.99
	Family	211.99
Tufts Health Plan Medicare Complement	Individual	101.51
	Family	203.01
Tufts Health Plan Medicare Preferred*	Individual	86.36
	Family	172.71

**Benefits and rates for Tufts Health Plan Medicare Preferred are subject to Federal approval and may change January 1, 2023.*