

# City of Springfield

## Benefits Department

Medical/Dental Insurance Premium

Coverage for 7/1/20 – 6/30/21



### Non-Medicare Rates for Active Employees & Retirees (Rates begin June 2020 for July 1<sup>st</sup> 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	67.14	89.52	134.28	158.69	290.94
	Family	149.00	198.67	298.01	352.19	645.68
Unicare Basic Indemnity without CIC	Individual	63.89	85.19	127.78	151.01	276.86
	Family	141.60	188.80	283.20	334.69	613.60
Unicare Indemnity Community Choice	Individual	31.88	42.51	63.76	75.35	138.14
	Family	78.93	105.23	157.85	186.55	342.01
Unicare Indemnity Plus	Individual	41.75	55.67	83.51	98.69	180.94
	Family	99.38	132.50	198.75	234.89	430.63
Harvard Pilgrim Independence	Individual	52.91	70.55	105.83	125.07	229.30
	Family	129.18	172.25	258.37	305.34	559.80
Harvard Pilgrim Primary Choice	Individual	38.39	51.19	76.78	90.74	166.36
	Family	97.91	130.54	195.81	231.41	424.26
Tufts Navigator	Individual	46.10	61.46	92.20	108.96	199.76
	Family	112.58	150.11	225.17	266.11	487.87
Tufts Spirit	Individual	35.00	46.67	70.00	82.73	151.67
	Family	84.32	112.43	168.64	199.30	365.39
Fallon Select Care	Individual	48.24	64.32	96.48	114.03	209.05
	Family	117.29	156.39	234.58	277.23	508.26
Fallon Direct Care	Individual	35.69	47.58	71.38	84.35	154.65
	Family	90.09	120.11	180.17	212.93	390.37
Health New England	Individual	34.29	45.71	68.57	81.04	148.57
	Family	81.62	108.83	163.25	192.93	353.70
AllWays Health Partners *Formerly NHP Prime	Individual	39.68	52.91	79.37	93.80	171.97
	Family	103.24	137.65	206.48	244.02	447.36

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Medical/Dental Insurance Premium

Coverage for 7/1/20 – 6/30/21



## Medicare Rates for Retirees (Rates begin June 2020 for July 1<sup>st</sup> 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	99.97
	Family	199.93
UniCare State Indemnity Plan/Medicare Extension (OME) without CIC (Non-Comprehensive)	Individual	97.20
	Family	194.40
Health New England MedPlus	Individual	101.20
	Family	202.40
Harvard Pilgrim Medicare Enhance	Individual	101.01
	Family	202.02
Tufts Health Plan Medicare Complement	Individual	95.97
	Family	191.94
Tufts Health Plan Medicare Preferred*	Individual	81.28
	Family	162.57

\*Benefits and rates for Tufts Health Plan Medicare Preferred are subject to Federal approval and may change January 1, 2021.