

City of Springfield
Employee Benefits Department
 Medical/Dental Insurance Premium
 Coverage for 7/1/21 – 6/30/22



Non-Medicare Rates for Active Employees & Retirees
(Rates begin June 2021 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	69.47	92.63	138.94	164.21	301.04
	Family	154.28	205.70	308.55	364.65	668.53
Unicare Basic Indemnity without CIC	Individual	65.97	87.97	131.95	155.94	285.89
	Family	146.32	195.09	292.63	345.84	634.04
Unicare Indemnity Community Choice	Individual	34.26	45.68	68.52	80.98	148.46
	Family	85.14	113.53	170.29	201.25	368.96
Unicare Indemnity Plus	Individual	45.12	60.15	90.23	106.63	195.50
	Family	107.70	143.59	215.39	254.55	466.68
Harvard Pilgrim Independence	Individual	55.63	74.17	111.26	131.49	241.07
	Family	135.93	181.24	271.86	321.29	589.03
Harvard Pilgrim Primary Choice	Individual	40.27	53.69	80.53	95.17	174.49
	Family	102.81	137.07	205.61	243.00	445.49
Tufts Navigator	Individual	48.27	64.36	96.54	114.09	209.16
	Family	118.03	157.38	236.07	278.99	511.48
Tufts Spirit	Individual	36.85	49.13	73.70	87.10	159.68
	Family	88.96	118.61	177.91	210.26	385.48
Fallon Select Care	Individual	49.79	66.39	99.58	117.68	215.75
	Family	121.19	161.58	242.38	286.44	525.15
Fallon Direct Care	Individual	36.78	49.04	73.56	86.94	159.38
	Family	92.98	123.98	185.97	219.78	402.93
Health New England	Individual	36.36	48.49	72.73	85.95	157.58
	Family	86.79	115.73	173.59	205.15	376.11
AllWays Health Partners *Formerly NHP Prime	Individual	44.31	59.07	88.61	104.72	191.99
	Family	115.71	154.29	231.42	273.50	501.42



Medicare Rates for Retirees
 (Rates begin June 2021 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	102.21
	Family	204.42
UniCare State Indemnity Plan/Medicare Extension (OME) without CIC (Non-Comprehensive)	Individual	99.28
	Family	198.56
Health New England MedPlus	Individual	103.55
	Family	207.09
Harvard Pilgrim Medicare Enhance	Individual	103.36
	Family	206.71
Tufts Health Plan Medicare Complement	Individual	98.15
	Family	196.30
Tufts Health Plan Medicare Preferred*	Individual	83.18
	Family	166.35

**Benefits and rates for Tufts Health Plan Medicare Preferred are subject to Federal approval and may change January 1, 2022.*