



**BI-WEEKLY MEDICAL/DENTAL INSURANCE
RATES EFFECTIVE JULY 1, 2021
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	\$91.07	\$73.56
Family	\$230.24	\$185.97
Fallon Community Health Plan Select Care		
Individual	\$123.28	\$99.58
Family	\$300.08	\$242.37
Harvard Pilgrim Independence Plan		
Individual	\$137.75	\$111.26
Family	\$336.59	\$271.86
Harvard Pilgrim Primary Choice		
Individual	\$99.71	\$80.53
Family	\$254.57	\$205.61
Health New England		
Individual	\$90.05	\$72.73
Family	\$214.92	\$173.59
Allways Health Partners		
Individual	\$109.71	\$88.61
Family	\$286.53	\$231.43
Tufts Health Plan Navigator		
Individual	\$119.52	\$96.54
Family	\$292.28	\$236.07
Tufts Health Plan Spirit		
Individual	\$91.25	\$73.70
Family	\$220.27	\$177.91
Unicare State Indemnity Plan/Basic with CIC		
Individual	\$198.00	\$159.92
Family	\$441.15	\$356.31
Unicare State Indemnity Plan/Basic without CIC		
Individual	\$163.37	\$131.95
Family	\$362.31	\$292.63
Unicare State Indemnity Plan/Community Choice		
Individual	\$84.83	\$68.52
Family	\$210.83	\$170.29
Unicare State Indemnity Plan/PLUS		
Individual	\$111.71	\$90.23
Family	\$266.67	\$215.39