

# City of Springfield

## Benefits Department

Medical/Dental Insurance Premium

Coverage for 7/1/19 – 6/30/20



### Non-Medicare Rates for Active Employees & Retirees (Rates begin June 2019 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	62.66	83.55	125.32	148.10	271.53
	Family	138.84	185.12	277.68	328.17	601.65
Unicare Basic Indemnity without CIC	Individual	59.69	79.58	119.37	141.07	258.64
	Family	132.07	176.09	264.14	312.16	572.30
Unicare Indemnity Community Choice	Individual	29.86	39.81	59.71	70.57	129.38
	Family	73.67	98.23	147.34	174.13	319.24
Unicare Indemnity Plus	Individual	40.16	53.55	80.32	94.92	174.03
	Family	95.46	127.28	190.92	225.63	413.65
Harvard Pilgrim Independence	Individual	51.33	68.43	102.65	121.32	222.41
	Family	125.28	167.04	250.56	296.11	542.87
Harvard Pilgrim Primary Choice	Individual	37.26	49.68	74.52	88.06	161.45
	Family	94.99	126.65	189.98	224.52	411.62
Tufts Navigator	Individual	43.14	57.52	86.28	101.97	186.94
	Family	105.12	140.16	210.24	248.47	455.52
Tufts Spirit	Individual	32.65	43.53	65.30	77.17	141.48
	Family	78.40	104.53	156.80	185.31	339.74
Fallon Select Care	Individual	46.83	62.45	93.67	110.70	202.95
	Family	113.76	151.68	227.53	268.89	492.97
Fallon Direct Care	Individual	34.65	46.21	69.31	81.91	150.17
	Family	87.36	116.48	174.72	206.49	378.56
Health New England	Individual	32.93	43.91	65.86	77.84	142.70
	Family	78.26	104.35	156.52	184.98	339.14
AllWays Health Partners	Individual	37.32	49.76	74.65	88.22	161.73
	Family	96.79	129.05	193.58	228.78	419.42

\*NHP Prime (Neighborhood Health) changed its name to **AllWays Health Partners** effective January 1, 2019.

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## Medicare Rates for Retirees (Rates begin June 2019 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	96.73
	Family	193.47
UniCare State Indemnity Plan/Medicare Extension (OME) without CIC (Non-Comprehensive)	Individual	94.08
	Family	188.16
Health New England MedPlus	Individual	97.95
	Family	195.91
Harvard Pilgrim Medicare Enhance	Individual	97.78
	Family	195.56
Tufts Health Plan Medicare Complement	Individual	92.88
	Family	185.75
Tufts Health Plan Medicare Preferred*	Individual	80.61
	Family	161.22

*\*Benefits and rates for Tufts Health Plan Medicare Preferred are subject to Federal approval and may change January 1, 2020.*