

### **CITY OF SPRINGFIELD**

# Medical/Dental Insurance Premium – July 2018 (FY 2019)

Rates for Active Employees and Retirees without Medicare (Rates are effective June 2018)

interior Employees an	a itemited v	ithout Medicare (Rates are effective June 2018)				
		52 Wks	39 Wks	26 Wks	22 Wks	Monthly
Olonia Danieli Viniana Diana	0: 1		4.00			
CIGNA Dental/Vision Plan	Single	1.49	1.99	2.99	3.53	6.47
	Family	3.64	4.85	7.28	8.60	15.78
Fallon Health						
Direct Care	Single	32.67	43.56	65.34	77.22	141.5
	· ·					
	Family	82.10	109.46	164.19	194.04	355.7
Fallon Health						
Select Care	Single	44.17	58.89	88.34	104.40	191.4 <sup>-</sup>
(ODEN TO NEW MEMBERS)		407.05	4.40 =0	01110	050.00	400.0
(OPEN TO NEW MEMBERS)	Family	107.05	142.73	214.10	253.03	463.89
Harvard Pilgrim						
Independence Plan	Single	47.69	63.59	95.39	112.73	206.67
(OPEN TO NEW MEMBERS)	Family	115.93	154.57	231.85	274.01	502.3
Harvard Pilgrim	ranniy	113.93	134.37	231.03	2/4.01	302.3
Primary Choice	O're rele	24.00	40.40	CO CO	00.00	450.0
Primary Choice	Single	34.80	46.40	69.60	82.26	150.8 <sup>-</sup>
	Family	88.22	117.62	176.43	208.51	382.28
Health New England			-			
g	Single	31.79	42.38	63.57	75.13	137.7
	Olligio	01.70	42.00	00.07	70.10	101.11
	Family	75.38	100.50	150.75	178.16	326.63
NHP Prime	-					
(Neighborhood Health Plan)	Single	33.49	44.65	66.97	79.15	145.1°
,	- 3 -					
	Family	86.31	115.08	172.63	204.01	374.02
Tufts Health Plan Navigator						
	Single	42.89	57.19	85.78	101.38	185.80
()						.=
(OPEN TO NEW MEMBERS)	Family	104.53	139.37	209.06	247.07	452.97
Tufts Health Plan Spirit						
	Single	32.55	43.40	65.10	76.94	141.00
	Family	78.20	104.26	156.40	184.83	338.80
UniCare State Indemnity Plan	Fairilly	76.20	104.20	130.40	104.03	330.00
Basic with CIC	C:! -	64.00	04.44	400.40	444.00	004.0
Basic with CiC	Single	61.06	81.41	122.12	144.33	264.60
(Comprehensive)	Family	135.20	180.27	270.40	319.56	585.86
UniCare State Indemnity Plan	1 arrilly	133.20	100.27	270.40	319.50	303.00
Basic without CIC	C:n ala	58.25	77.67	116 FO	427.60	252.4
Basic without Cic	Single	36.23	77.67	116.50	137.68	252.42
(Non-Comprehensive)	Family	128.80	171.73	257.60	304.44	558.13
UniCare State Indemnity Plan	i aiiiiiy	120.00	171.73	231.00	304.44	330.1
Community Choice	C:nala	20 07	20 63	57 O.4	60 40	40E E
Community Choice	Single	28.97	38.63	57.94	68.48	125.54
	Family	71.34	95.12	142.68	168.62	309.13
Unicare State Indemnity Plan	<i>j</i>					
PLUS	Single	40.16	53.55	80.32	94.92	174.02
	Sirigio	70.10	33.33	00.0Z	J-1.52	177.02
	Family	95.45	127.27	190.91	225.62	413.64



#### **CITY OF SPRINGFIELD**

## Monthly Medical/Dental Insurance Premium – July 2018 (FY 2019)

# **Rates for Retirees with Medicare**

Medicare Monthly Rates	1	Regular Rates
CIGNA Dental/Vision Plan	Single	6.47
	Family	15.78
Harvard Pilgrim Medicare Enhance		
	Single	95.65
	Family	191.30
Health New England MedPlus		
	Single	96.71
	Family	193.42
Tufts Health Plan Medicare Complement		
	Single	90.43
	Family	180.86
Tufts Health Plan Medicare Preferred*		
	Single	83.00
	Family	166.00
UniCare State Indemnity Plan/Medicare Extension		
(OME) with CIC (Comprehensive)	Single	94.92
	Family	189.84
UniCare State Indemnity Plan/Medicare Extension		
(OME) without CIC (Non-Comprehensive)	Single	92.15
	Family	184.30

<sup>\*</sup>Benefits and rates of Tufts Health Plan Medicare Preferred are subject to Federal approval and may change January 1, 2019.