



CITY OF SPRINGFIELD

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

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

		52 Wks	39 Wks	26 Wks	22 Wks	Monthly
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	141.57
	Family	82.10	109.46	164.19	194.04	355.75
Fallon Health Select Care						
(OPEN TO NEW MEMBERS)	Single	44.17	58.89	88.34	104.40	191.41
	Family	107.05	142.73	214.10	253.03	463.89
Harvard Pilgrim Independence Plan						
(OPEN TO NEW MEMBERS)	Single	47.69	63.59	95.39	112.73	206.67
	Family	115.93	154.57	231.85	274.01	502.35
Harvard Pilgrim Primary Choice						
	Single	34.80	46.40	69.60	82.26	150.81
	Family	88.22	117.62	176.43	208.51	382.28
Health New England						
	Single	31.79	42.38	63.57	75.13	137.74
	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	145.11
	Family	86.31	115.08	172.63	204.01	374.02
Tufts Health Plan Navigator						
(OPEN TO NEW MEMBERS)	Single	42.89	57.19	85.78	101.38	185.86
	Family	104.53	139.37	209.06	247.07	452.97
Tufts Health Plan Spirit						
	Single	32.55	43.40	65.10	76.94	141.06
	Family	78.20	104.26	156.40	184.83	338.86
UniCare State Indemnity Plan Basic with CIC						
(Comprehensive)	Single	61.06	81.41	122.12	144.33	264.60
	Family	135.20	180.27	270.40	319.56	585.86
UniCare State Indemnity Plan Basic without CIC						
(Non-Comprehensive)	Single	58.25	77.67	116.50	137.68	252.42
	Family	128.80	171.73	257.60	304.44	558.13
UniCare State Indemnity Plan 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 PLUS						
	Single	40.16	53.55	80.32	94.92	174.02
	Family	95.45	127.27	190.91	225.62	413.64



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

Rates for Retirees with Medicare

Medicare Monthly Rates		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

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