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## Fiscal Year 2020 Municipal Full Cost Health Insurance Rates

**All** rates effective July 1, 2019 and **include** the 0.35% Administrative Fee

<b>Employee and Non-Medicare Retiree/Survivor Health Plans</b>				
<b>Health Product</b>	<b>Product Category</b>	<b>Product Type</b>	<b>Individual</b>	<b>Family</b>
UniCare State Indemnity Plan/Basic with CIC	National Network	Indemnity	\$1,086.10	\$2,406.59
UniCare State Indemnity Plan/ Basic without CIC	National Network	Indemnity	\$1,034.54	\$2,289.19
UniCare State Indemnity Plan/Plus	Broad Network	PPO-Type	\$696.10	\$1,654.60
Tufts Health Plan Navigator	Broad Network	POS	\$747.76	\$1,822.08
Fallon Health Select Care	Broad Network	HMO	\$811.79	\$1,971.89
Harvard Pilgrim Independence Plan	Broad Network	POS	\$889.65	\$2,171.49
Health New England	Regional Network	HMO	\$570.81	\$1,356.54
Allways Health Partners Complete HMO	Regional Network	HMO	\$646.93	\$1,677.69
UniCare State Indemnity Plan/Community Choice	Narrow Network	PPO-Type	\$517.51	\$1,276.96
Tufts Health Plan Spirit	Narrow Network	HMO-Type	\$565.91	\$1,358.94
Fallon Health Direct Care	Narrow Network	HMO	\$600.68	\$1,514.23
Harvard Pilgrim Primary Choice Plan	Narrow Network	HMO	\$645.80	\$1,646.48

<b>Medicare Plans</b>			
<b>Health Product</b>	<b>Product Category</b>	<b>Product Type</b>	<b>Individual</b>
Tufts Health Plan Medicare Preferred	Medicare Advantage	HMO	\$322.43
Tufts Health Plan Medicare Complement	Medicare Supplement	Indemnity	\$371.50
UniCare State Indemnity Plan/Medicare Extension (OME) with CIC <i>(Comprehensive)</i>	Medicare Supplement	Indemnity	\$386.93
UniCare State Indemnity Plan/Medicare Extension (OME) without CIC <i>(Non-Comprehensive)</i>	Medicare Supplement	Indemnity	\$376.31
Harvard Pilgrim Medicare Enhance	Medicare Supplement	Indemnity	\$391.12
Health New England Medicare Supplement Plus	Medicare Supplement	Indemnity	\$391.81

<b>Municipal Retiree Dental Plan*</b>	
<b>Coverage Type</b>	<b>Monthly retiree cost</b>
Single	\$30.32
Family	\$73.02

\*This plan runs on a calendar year