

FY20 INSURANCE RATES
Per Pay Period
Rates Effective July 1, 2019

| HEALTH PLAN | Cost per Month | Pay Period Deduction |
|---|-----------------------|-----------------------------|
| Fallon Direct Individual | 120.14 | 60.07 |
| Fallon Direct Family | 302.85 | 151.43 |
| Fallon Select Individual | 162.36 | 81.18 |
| Fallon Select Family | 394.38 | 197.19 |
| Harvard Pilgrim Independence Individual | 177.93 | 88.97 |
| Harvard Pilgrim Independence Family | 434.30 | 217.15 |
| Harvard Pilgrim Primary Choice Individual | 129.16 | 64.58 |
| Harvard Pilgrim Primary Choice Family | 329.30 | 164.65 |
| Health New England Individual | 114.16 | 57.08 |
| Health New England Family | 271.31 | 135.66 |
| Tufts Health Plan Navigator Individual | 149.55 | 74.78 |
| Tufts Health Plan Navigator Family | 364.42 | 182.21 |
| Tufts Health Plan Spirit Individual | 113.18 | 56.59 |
| Tufts Health Plan Spirit Family | 271.79 | 135.90 |
| Allways Health Partners Complete Individual | 129.39 | 64.70 |
| Allways Health Partners Complete Family | 335.54 | 167.77 |
| Unicare State w/CIC Individual | 217.22 | 108.61 |
| Unicare State w/CIC Family | 481.32 | 240.66 |
| Unicare State wo/CIC Individual | 206.91 | 103.46 |
| Unicare State wo/CIC Family | 457.84 | 228.92 |
| Unicare Comm Choice Individual | 103.50 | 51.75 |
| Unicare Comm Choice Family | 255.39 | 127.70 |
| Unicare Plus Individual | 139.22 | 69.61 |
| Unicare Plus Family | 330.92 | 165.46 |
| Dental Rates | Cost per Month | Pay Period Deduction |
| Altus Low Option | | |
| Individual | 7.65 | 1st check of month |
| Family | 18.50 | 1st check of month |
| Altus High Option | | |
| Individual | 8.91 | 1st check of month |
| Family | 21.55 | 1st check of month |
| Life Insurance Individual Only | 3.60 | 1st check of month |

FY20 INSURANCE RATES
Paras Café Workers Only (20 Pays)
Rates Effective July 1, 2019

| HEALTH PLAN | Cost per Month | Pay Period Deduction |
|---|-----------------------|-----------------------------|
| Fallon Direct Individual | 144.16 | 72.08 |
| Fallon Direct Family | 363.42 | 181.71 |
| Fallon Select Individual | 194.83 | 97.42 |
| Fallon Select Family | 473.25 | 236.63 |
| Harvard Pilgrim Independence Individual | 213.52 | 106.76 |
| Harvard Pilgrim Independence Family | 521.16 | 260.58 |
| Harvard Pilgrim Primary Choice Individual | 154.99 | 77.50 |
| Harvard Pilgrim Primary Choice Family | 395.16 | 197.58 |
| Health New England Individual | 136.99 | 68.50 |
| Health New England Family | 325.57 | 162.79 |
| Tufts Health Plan Navigator Individual | 179.46 | 89.73 |
| Tufts Health Plan Navigator Family | 437.30 | 218.65 |
| Tufts Health Plan Spirit Individual | 135.82 | 67.91 |
| Tufts Health Plan Spirit Family | 326.15 | 163.08 |
| Allways Health Partners Complete Individual | 155.26 | 77.63 |
| Allways Health Partners Complete Family | 402.65 | 201.33 |
| Unicare State w/CIC Individual | 260.66 | 130.33 |
| Unicare State w/CIC Family | 577.58 | 288.79 |
| Unicare State wo/CIC Individual | 248.29 | 124.15 |
| Unicare State wo/CIC Family | 549.41 | 274.71 |
| Unicare Comm Choice Individual | 124.20 | 62.10 |
| Unicare Comm Choice Family | 306.47 | 153.24 |
| Unicare Plus Individual | 167.06 | 83.53 |
| Unicare Plus Family | 397.10 | 198.55 |

| Dental Rates | Cost per Month | Pay Period Deduction |
|--------------------------------|-----------------------|-----------------------------|
| Altus Low Option | | |
| Individual | 9.18 | 1st check of month |
| Family | 22.20 | 1st check of month |
| Altus High Option | | |
| Individual | 10.69 | \$8.91 1st check of month |
| Family | 25.86 | \$21.55 1st check of month |
| Life Insurance Individual Only | 3.60 | \$3.60 1st check of month |