

**FY19 Insurance Rates**

Rates Effective July 1, 2018

Per Pay Period

<b>HEALTH PLAN</b>	<b>Cost per month</b>	<b>Pay Period Deduction</b>	
Fallon Direct Individual	\$113.26	\$56.63	
Fallon Direct Family	\$284.60	\$142.30	
Fallon Select Individual	\$153.12	\$76.56	
Fallon Select Family	\$371.11	\$185.56	
Harvard Pilgrim Independence Individual	\$165.34	\$82.67	
Harvard Pilgrim Independence Family	\$401.88	\$200.94	
Harvard Pilgrim Primary Choice Individual	\$120.65	\$60.32	
Harvard Pilgrim Primary Choice Family	\$305.82	\$152.91	
Health New England Individual	\$110.19	\$55.10	
Health New England Family	\$261.31	\$130.65	
Tufts Navigator Health Plan Individual	\$148.69	\$74.35	
Tufts Navigator Health Plan Family	\$362.37	\$181.19	
Tufts Health Plan Spirit Individual	\$112.85	\$56.42	
Tufts Health Plan Spirit Family	\$271.09	\$135.54	
Neighborhood Health Individual	\$116.09	\$58.04	
Neighborhood Health Family	\$299.22	\$149.61	
Unicare State w/CIC Individual	\$211.68	\$105.84	
Unicare State w/CIC Family	\$468.69	\$234.35	
Unicare State wo/CIC Individual	\$201.93	\$100.97	
Unicare State wo/CIC Family	\$446.51	\$223.25	
Unicare Comm Choice Individual	\$100.43	\$50.22	
Unicare Comm Choice Family	\$247.30	\$123.65	
Unicare Plus Individual	\$139.22	\$69.61	
Unicare Plus Family	\$330.91	\$165.45	

<b>Dental Rates</b>	<b>Cost Per Month</b>	<b>Pay Period Deduction</b>	
<b>Altus Low Option</b>			
Individual	\$7.65	\$7.65	1st check of month
Family	\$18.50	\$18.50	1st check of month
<b>Altus High Option</b>			
Individual	\$8.91	\$8.91	1st check of month
Family	\$21.55	\$21.55	1st check of month
Life Insurance Individual Only	\$3.60	\$3.60	1st check of month

**FY19 Insurance Rates**  
**Paras Cafe Workers Only (20 Pays)**  
 Per Pay Period

Rates Effective July 1, 2018

<b>HEALTH PLAN</b>	<b>Cost per month</b>	<b>Pay Period Deduction</b>	
Fallon Direct Individual	\$135.91	\$67.95	
Fallon Direct Family	\$341.52	\$170.76	
Fallon Select Individual	\$183.75	\$91.87	
Fallon Select Family	\$445.33	\$222.67	
Harvard Pilgrim Independence Individual	\$198.40	\$99.20	
Harvard Pilgrim Independence Family	\$482.26	\$241.13	
Harvard Pilgrim Primary Choice Individual	\$144.78	\$72.39	
Harvard Pilgrim Primary Choice Family	\$366.98	\$183.49	
Health New England Individual	\$132.23	\$66.12	
Health New England Family	\$313.57	\$156.78	
Tufts Navigator Health Plan Individual	\$178.43	\$89.21	
Tufts Navigator Health Plan Family	\$434.85	\$217.42	
Tufts Health Plan Spirit Individual	\$135.42	\$67.71	
Tufts Health Plan Spirit Family	\$325.30	\$162.65	
Neighborhood Health Individual	\$139.30	\$69.65	
Neighborhood Health Family	\$359.06	\$179.53	
Unicare State w/CIC Individual	\$254.01	\$127.01	
Unicare State w/CIC Family	\$562.43	\$281.21	
Unicare State wo/CIC Individual	\$242.32	\$121.16	
Unicare State wo/CIC Family	\$535.81	\$267.90	
Unicare Comm Choice Individual	\$120.52	\$60.26	
Unicare Comm Choice Family	\$296.76	\$148.38	
Unicare Plus Individual	\$167.06	\$83.53	
Unicare Plus Family	\$397.09	\$198.54	

<b>Dental Rates</b>	<b>Cost Per Month</b>	<b>Pay Period Deduction</b>	
<b>Altus Low Option</b>			
Individual	\$9.18	\$9.18	1st check of month
Family	\$22.20	\$22.20	1st check of month
<b>Altus High Option</b>			
Individual	\$10.69	\$10.69	1st check of month
Family	\$25.86	\$25.86	1st check of month
Life Insurance Individual Only	\$3.72	\$3.72	1st check of month