

# FY 2024 HEALTH INSURANCE RATES

XFER TO GIC 1/1/2014

XFER TO DELTA DENTAL 07/01/2015

Plan	Individual or Family	Employee Split	Employee Bi-Weekly	Employee Monthly	Employer Monthly	Total Monthly Annual Premiums	Cobra
HPHC Explorer (was Independence)	Individual	22%	\$99.14	\$214.81	\$761.61	\$976.42 \$11,717.04	\$995.95
HPHC Explorer (was Independence)	Family	22%	\$245.00	\$530.83	\$1,882.03	\$2,412.86 \$28,954.32	\$2,461.12
HPHC Quality (was Primary Choice)	Individual	15%	\$49.94	\$108.20	\$613.13	\$721.33 \$8,655.96	\$735.76
HPHC Quality (was Primary Choice)	Family	15%	\$126.64	\$274.39	\$1,554.85	\$1,829.24 \$21,950.88	\$1,865.82
Harvard Pilgrim Access America	Individual	22%	\$119.86	\$259.69	\$920.71	\$1,180.40 \$14,164.80	\$1,204.01
Harvard Pilgrim Access America	Family	22%	\$266.95	\$578.39	\$2,050.65	\$2,629.04 \$31,548.48	\$2,681.62
Health New England	Individual	15%	\$50.88	\$110.25	\$624.75	\$735.00 \$8,820.00	\$749.70
Health New England	Family	15%	\$121.68	\$263.64	\$1,493.97	\$1,757.61 \$21,091.32	\$1,792.76
MGB Health Plan Complete HMO (was Always Health Partners)	Individual	15%	\$61.79	\$133.88	\$758.63	\$892.50 \$10,710.00	\$910.35
MGB Health Plan Complete HMO (was Always Health Partners)	Family	15%	\$162.86	\$352.86	\$1,999.56	\$2,352.42 \$28,229.04	\$2,399.47
Unicare Total Choice (was Unicare Basic)	Individual	25%	\$155.59	\$337.11	\$1,011.32	\$1,348.43 \$16,181.16	\$1,375.40
Unicare Total Choice (was Unicare Basic)	Family	25%	\$344.21	\$745.80	\$2,237.39	\$2,983.18 \$35,798.16	\$3,042.84
Unicare Comm Choice	Individual	22%	\$68.72	\$148.88	\$527.86	\$676.74 \$8,120.88	\$690.27
Unicare Comm Choice	Family	22%	\$169.48	\$367.22	\$1,301.94	\$1,669.16 \$20,029.92	\$1,702.54
Unicare Indemnity Plus	Individual	22%	\$89.76	\$194.48	\$689.51	\$883.99 \$10,607.88	\$901.67
Unicare Indemnity Plus	Family	22%	\$213.03	\$461.56	\$1,636.42	\$2,097.98 \$25,175.76	\$2,139.94
Delta Dental	Individual	25%	\$2.13	\$4.62	\$13.85	\$18.46 \$221.52	\$18.83
Delta Dental	Family	25%	\$5.21	\$11.30	\$33.89	\$45.18 \$542.16	\$46.08
Delta Dental HO Plan	Individual	25% +	\$14.22	\$30.82	\$13.85	\$44.66 \$535.92	\$45.55
Delta Dental HO Plan	Family	25% +	\$34.85	\$75.51	\$33.89	\$109.39 \$1,312.68	\$111.58
EyeMed Vision Plan	Individual	100%	\$3.86			\$8.36	
	Ind + Spouse	100%	\$7.34			\$15.89	
	Ind + Children	100%	\$7.72			\$16.72	
	Family	100%	\$11.35			\$24.58	