

Group Medical & Dental Monthly Rates • Effective 7/1/2022

All plans, with the exception of Delta Dental, are offered through the Group Insurance Commission (G.I.C.) www.mass.gov/gic

Insurance Plan		Total Cost	Town Share	Employee Share	Bi-Weekly Deduction
Harvard Pilgrim Independence Plan	Family	\$2,534.63	\$1,546.13	\$988.50	\$494.25
	Individual	\$1,036.03	\$859.90	\$176.12	\$88.06
Harvard Pilgrim Primary Choice	Family	\$1,909.58	\$1,164.84	\$744.74	\$372.37
	Individual	\$746.72	\$619.78	\$126.94	\$63.47
Health New England	Family	\$1,602.13	\$977.31	\$624.82	\$312.41
	Individual	\$669.71	\$555.87	\$113.84	\$56.92
Allways Health Partners Complete	Family	\$2,211.64	\$1,349.10	\$862.54	\$431.27
	Individual	\$844.47	\$700.91	\$143.56	\$71.78
Tufts Health Plan Navigator	Family	\$2,183.15	\$1,331.73	\$851.42	\$425.71
	Individual	\$891.16	\$739.67	\$151.50	\$75.75
Tufts Health Plan Spirit	Family	\$1,634.54	\$997.08	\$637.46	\$318.73
	Individual	\$675.73	\$560.87	\$114.86	\$57.43
UniCare State Indemnity Plan/Community Choice	Family	\$1,553.41	\$947.59	\$605.82	\$302.91
	Individual	\$623.83	\$517.79	\$106.04	\$53.02
UniCare State Indemnity Plan/Plus	Family	\$1,938.75	\$1,182.65	\$756.10	\$378.05
	Individual	\$811.39	\$673.45	\$137.94	\$68.97
UniCare State Indemnity Plan/Basic with CIC	Family	\$2,752.65	\$1,376.33	\$1,376.33	\$688.16
	Individual	\$1,239.09	\$619.56	\$619.54	\$309.77
Delta Dental	Family	\$110.77	\$55.40	\$55.38	\$27.69
	Individual	\$40.09	\$20.06	\$20.04	\$10.02