FY2021 Monthly Subscriber Contributions

Non-Medicare

National				Broad								Limited								Regional				Network	
Unicare Basic W/CiC	UniCare Basic w/o CiC UniCare Basic w/CIC*			HPHC Independence		Fallon Select		Tufts Navigator		UniCare Plus		HPHC Primary Choice		Fallon Direct		Tufts Spirit		UniCare Community Choice		AllWays Health Partners Complete HMO		HNE		Plan	
Family	Individual	Family	Individual	Family	Individual	Family	Individual	Family	Individual	Family	Individual	Family	Individual	Family	Individual	Family	Individual	Family	Individual	Family	Individual	Family	Individual	Tier	
\$372.43	\$166.50	\$244.59	\$110.36	\$223.14	\$91.40	\$202.60	\$83.33	\$194.47	\$79.63	\$171.65	\$72.12	\$169.11	\$66.31	\$155.60	\$61.64	\$145.65	\$60.46	\$136.33	\$55.06	\$178.32	\$68.55	\$140.99	\$59.22	90%/10%	
\$494.73	\$221.68	\$366.88	\$165.53	\$334.71	\$137.10	\$303.89	\$124.99	\$291.70	\$119.44	\$257.47	\$108.18	\$253.67	\$99.47	\$233.40	\$92,46	\$218.47	\$90.68	\$204.49	\$82.60	\$267.48	\$102.82	\$211.48	\$88.83	85%/15%	Member Contributions
\$617.02	\$276.86	\$489.17	\$220.71	\$446.28	\$182.80	\$405.19	\$166.65	\$388.93	\$159.25	\$343.30	\$144.24	\$338.22	\$132.62	\$311.21	\$123.29	\$291.29	\$120.91	\$272.66	\$110.13	\$356.64	\$137.09	\$281.97	\$118.44	80%/20%	ributions
\$739.31	\$332.04	\$611.46	\$275.89	\$557.85	\$228.50	\$506.49	\$208.32	\$486,16	\$199.06	\$429.12	\$180.31	\$422.78	\$165.78	\$389.01	\$154.11	\$364.11	\$151.14	\$340.82	\$137.66	\$445.80	\$171.37	\$352,47	\$148.06	75%/25%	

^{*}CIC portion of UniCare Basic rate is 100% paid by member

Subscriber contributions reflect core medical portion of subscriber contributions. They do not include contributions for life insurance, dental and vision, additional administrative fees apply to municipality subscribers

