

July 1, 2022
FY23

NETWORK	Broad	Limited	Regional	Regional	Broad	Limited	National	National	Limited	Broad	
PLAN	Harvard Pilgrim Independence	Harvard Pilgrim Primary Choice	Health New England	Allways Health Partners	Tufts Navigator	Tufts Spirit	Unicare Basic with CIC	Unicare Basic without CIC	Unicare Communtiy Choice	Unicare PLUS	Altus Dental
	POS Plan	HMO Plan	HMO Plan	HMO Plan	POS Plan	HMO Plan	Indemnity Plan	Indemnity Plan	Indemnity PPO Type	PPO Type	

26 Pay Employee

Individual	143.45	58.59	52.55	66.26	78.15	53.02	285.94	272.29	43.19	112.35	23.68
Family	409.44	220.34	184.86	255.19	292.21	188.60	635.23	604.14	107.54	313.18	61.61

20 Pay Employee

Individual	186.49	76.17	68.31	86.14	101.59	68.92	371.73	353.98	56.14	146.05	30.78
Family	532.27	286.44	240.32	331.75	379.87	245.18	825.80	785.38	139.81	407.14	80.09

(Rates are per pay period)