

For employees hired ***BEFORE*** July 1, 2015

Plan		Total Monthly Premium	Employee Monthly Cost
Fallon Select	Individual	\$639.00	\$127.80
	Family	\$1,721.00	\$344.20
Fallon Direct	Individual	\$596.00	\$119.20
	Family	\$1,600.00	\$320.00
Harvard Pilgrim HMO	Individual	\$799.00	\$231.71
	Family	\$2,081.00	\$603.49
Tufts	Individual	\$841.00	\$243.89
	Family	\$2,203.00	\$638.87
Blue Cross Blue Shield	Individual	\$885.00	\$256.65
	Family	\$2,374.00	\$688.46
Harvard Pilgrim PPO	Individual	\$2,336.00	\$1,168.00
	Family	\$5,187.00	\$2,593.50

For employees hired on or after July 1, 2015

Plan		Total Monthly Premium	Employee Monthly Cost
Fallon Select	Individual	\$639.00	\$127.80
	Family	\$1,721.00	\$344.20
Fallon Direct	Individual	\$596.00	\$119.20
	Family	\$1,600.00	\$320.00
Harvard Pilgrim HMO	Individual	\$799.00	\$319.60
	Family	\$2,081.00	\$832.40
Tufts	Individual	\$841.00	\$336.40
	Family	\$2,203.00	\$881.20
Blue Cross Blue Shield	Individual	\$885.00	\$354.00
	Family	\$2,374.00	\$949.60
Harvard Pilgrim PPO	Individual	\$2,336.00	\$1,168.00
	Family	\$5,187.00	\$2,593.50

For all employees

Plan		Total Monthly Premium	Employee Monthly Cost
Blue Cross Blue Shield Dental Standard Option	Individual	\$20.00	Free
	Family	\$51.26	\$31.26
Blue Cross Blue Shield Dental High Option	Individual	\$44.90	\$22.90
	Family	\$103.14	\$83.14