

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

Plan		Total Monthly Premium	Employee Monthly Cost
Fallon Select	Individual	\$611.00	\$122.20
	Family	\$1,647.00	\$329.40
Fallon Direct	Individual	\$570.00	\$114.00
	Family	\$1,531.00	\$306.20
Harvard Pilgrim HMO	Individual	\$736.00	\$213.44
	Family	\$1,918.00	\$556.22
Tufts	Individual	\$797.00	\$231.13
	Family	\$2,088.00	\$605.52
Blue Cross Blue Shield	Individual	\$843.00	\$244.47
	Family	\$2,261.00	\$655.69
Harvard Pilgrim PPO	Individual	\$2,268.00	\$1,134.00
	Family	\$5,036.00	\$2,518.00

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

Plan		Total Monthly Premium	Employee Monthly Cost
Fallon Select	Individual	\$611.00	\$122.20
	Family	\$1,647.00	\$329.40
Fallon Direct	Individual	\$570.00	\$114.00
	Family	\$1,531.00	\$306.20
Harvard Pilgrim HMO	Individual	\$736.00	\$294.40
	Family	\$1,918.00	\$767.20
Tufts	Individual	\$797.00	\$318.80
	Family	\$2,088.00	\$835.20
Blue Cross Blue Shield	Individual	\$843.00	\$337.20
	Family	\$2,261.00	\$904.40
Harvard Pilgrim PPO	Individual	\$2,268.00	\$1,134.00
	Family	\$5,036.00	\$2,518.00

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