

SCANTIC VALLEY REGIONAL HEALTH TRUST

FY19 Health Plan rates
with a 0.5% Town Subsidy Applied

		Effective 07/01/2018		Employee Monthly Cost FY19		Employee's with 26 pays * Per Paycheck Cost FY19		Employee's with 22 pays * Per Paycheck Cost FY19		Employer Monthly Cost FY19		Employer's with 26 pays * Per Paycheck Cost FY19		Employer's with 22 pays * Per Paycheck Cost FY19	
		Approved FY19	Percent change												
Health New England HMO															
Group # 503042-0007															
	* Individual	\$ 586.06	7.09%	\$ 184.61	31.5%	\$85.20	\$100.70	\$ 401.45	68.5%	\$ 185.28	\$218.97				
	* Family	\$ 1,459.68	7.01%	\$ 563.44	38.6%	\$260.05	\$307.33	\$ 896.24	61.4%	\$413.65	\$488.86				
Tufts HMO															
Group # 16209-400															
	* Individual	\$ 686.56	0.50%	\$ 216.27	31.5%	\$99.82	\$117.97	\$ 470.29	68.5%	\$217.06	\$256.52				
	* Family	\$ 1,713.40	0.50%	\$ 661.37	38.6%	\$305.25	\$360.75	\$ 1,052.03	61.4%	\$485.55	\$573.83				
BCBS Network Blue NE HMO															
Group # 00-4054974															
	* Individual	\$ 718.40	2.43%	\$ 226.30	31.5%	\$104.45	\$123.44	\$ 492.10	68.5%	\$227.12	\$268.42				
	* Family	\$ 1,782.06	2.45%	\$ 687.88	38.6%	\$317.48	\$375.21	\$ 1,094.18	61.4%	\$505.01	\$596.83				
BCBS Blue Care Elect Preferred PPO															
Group # 00-2343302															
	* Individual	\$ 1,349.22	5.27%	\$ 674.61	50.0%	\$311.36	\$367.97	\$ 674.61	50.0%	\$311.36	\$367.97				
	* Family	\$ 2,932.28	5.23%	\$ 1,466.14	50.0%	\$676.68	\$799.71	\$ 1,466.14	50.0%	\$676.68	\$799.71				

Actual numbers may vary by a few cents due to rounding.

For more information contact the Human Resources Department at (413) 565-4128 or hrdept@longmeadow.org