

**SCANTIC VALLEY REGIONAL HEALTH TRUST**

**FY19 Senior Plan Rates**

\* with a 0.05% Town Subsidy Applied

	Effective 01/01/2019		Retiree		Employer	
	Approved 2019	Percent change	* Monthly Cost 2019		* Monthly Cost 2019	
<b>For Retirees who DO qualify for Medicare A &amp; B coverage</b>						
<b>Medicare Advantage HMO Plans</b>						
<b>Tufts Medicare Preferred HMO - Insured</b>						
Group # 1095						
<i>Individual- effective 1/1/19-12/31/19</i>	\$ 317.00	0.96%	\$ 158.50	50.0%	\$ 158.50	50.0%
<i>Individual- effective 1/1/18-12/31/18</i>	<del>\$ 314.00</del>	<del>6.08%</del>	<del>\$ 157.00</del>	<del>50.0%</del>	<del>\$ 157.00</del>	<del>50.0%</del>
<b>"HMO" Medicare Supplement Plan</b>						
<b>BCBS Managed Blue for Seniors Insured</b>						
Group #4035757						
<i>Individual- effective 1/1/19-12/31/19</i>	\$ 367.00	3.79%	\$ 183.50	50.0%	\$ 183.50	50.0%
<i>Individual- effective 1/1/18-12/31/18</i>	<del>\$ 353.61</del>	<del>2.03%</del>	<del>\$ 176.81</del>	<del>50.0%</del>	<del>\$ 176.81</del>	<del>50.0%</del>
<b>HNE Medplus (previously Medwrap)- Self Funded</b>						
Group # S03042-0009 * with a 0.05% Town Subsidy						
<i>Individual- effective 1/1/19-12/31/19</i>	\$ 407.96	9.02%	\$ 203.98	50.0%	\$ 203.98	50.0%
<i>Individual- effective 1/1/18-12/31/18</i>	<del>\$ 374.22</del>	<del>0.00%</del>	<del>\$ 187.11</del>	<del>50.0%</del>	<del>\$ 187.11</del>	<del>50.0%</del>
<b>"PPO" Medicare Supplement Plan</b>						
<b>BCBS Medex 2 with Blue Medicare RX- Self Funded Medical/Insured RX</b>						
Group #502319355 * with a 0.05% Town Subsidy						
<i>Individual- effective 1/1/19-12/31/19</i>	\$ 370.96	0.34%	\$ 185.48	50.0%	\$ 185.48	50.0%
<i>Individual- effective 1/1/18-12/31/18</i>	<del>\$ 369.72</del>	<del>0.00%</del>	<del>\$ 184.86</del>	<del>50.0%</del>	<del>\$ 184.86</del>	<del>50.0%</del>
<b>Tufts Medicare Preferred Sup with PDP Plus</b>						
Group # 1854D						
<i>Individual- effective 1/1/19-12/31/19</i>	\$ 358.00	-1.65%	\$ 179.00	50.0%	\$ 179.00	50.0%
<i>Individual- effective 1/1/18-12/31/18</i>	<del>\$ 364.00</del>	<del>2.54%</del>	<del>\$ 182.00</del>	<del>50.0%</del>	<del>\$ 182.00</del>	<del>50.0%</del>

**SCANTIC VALLEY REGIONAL HEALTH TRUST**

**FY19 Health Plan rates**

with a 0.5% Town Subsidy Applied

	Effective 07/01/2018		Retiree		Employer	
	Approved FY19	Percent change	* Monthly Cost FY19		* Monthly Cost FY19	
<b>For Retirees who DO NOT qualify for Medicare</b>						
<b>Health New England HMO</b>						
Group # S03042-0007						
* Individual	\$ 586.06	7.09%	\$ 293.03	50.0%	\$ 293.03	50.0%
* Family	\$ 1,459.68	7.01%	\$ 729.84	50.0%	\$ 729.84	50.0%
<b>Tufts HMO</b>						
Group #16209-400						
* Individual	\$ 686.56	0.50%	\$ 343.28	50.0%	\$ 343.28	50.0%
* Family	\$ 1,713.40	0.50%	\$ 856.70	50.0%	\$ 856.70	50.0%
<b>BCBS Network Blue NE HMO</b>						
Group #00-4054974						
* Individual	\$ 718.40	2.43%	\$ 359.20	50.0%	\$ 359.20	50.0%
* Family	\$ 1,782.06	2.45%	\$ 891.03	50.0%	\$ 891.03	50.0%
<b>BCBS Blue Care Elect Preferred PPO</b>						
Group # 00-2343302						
* Individual	\$ 1,349.22	5.27%	\$ 674.61	50.0%	\$ 674.61	50.0%
* Family	\$ 2,932.28	5.23%	\$ 1,466.14	50.0%	\$ 1,466.14	50.0%

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