

SCANTIC VALLEY REGIONAL HEALTH TRUST

FY20 Health Plan rates
with a 0.5% Town Subsidy Applied

		Effective 07/01/2019		Employee Monthly Cost FY20		Employee's with 26 pays * Per Paycheck Cost FY20		Employee's with 22 pays * Per Paycheck Cost FY20		Employer Monthly Cost FY20		Employer's with 26 pays * Per Paycheck Cost FY20		Employer's with 22 pays * Per Paycheck Cost FY20	
		Approved FY20	Percent change												
Health New England HMO															
Group # 503042-0007															
	* Individual	\$ 644.76	10.02%	\$ 203.10	31.5%	\$93.74	\$110.78	\$ 441.66	68.5%	\$ 203.84	\$240.91				
	* Family	\$ 1,605.94	10.02%	\$ 619.89	38.6%	\$286.10	\$338.12	\$ 986.05	61.4%	\$455.10	\$537.85				
Tufts HMO															
Group # 16209-400															
	* Individual	\$ 707.46	3.04%	\$ 222.85	31.5%	\$102.85	\$121.55	\$ 484.61	68.5%	\$223.67	\$264.33				
	* Family	\$ 1,765.14	3.02%	\$ 681.34	38.6%	\$314.46	\$371.64	\$ 1,083.80	61.4%	\$500.22	\$591.16				
BCBS Network Blue NE HMO															
Group # 00-4054974															
	* Individual	\$ 754.22	4.99%	\$ 237.58	31.5%	\$109.65	\$129.59	\$ 516.64	68.5%	\$238.45	\$281.80				
	* Family	\$ 1,871.60	5.02%	\$ 722.44	38.6%	\$333.43	\$394.06	\$ 1,149.16	61.4%	\$530.38	\$626.81				
BCBS Blue Care Elect Preferred PPO															
Group # 00-2343302															
	* Individual	\$ 1,390.02	3.02%	\$ 695.01	50.0%	\$320.77	\$379.10	\$ 695.01	50.0%	\$320.77	\$379.10				
	* Family	\$ 3,019.84	2.99%	\$ 1,509.92	50.0%	\$696.89	\$823.59	\$ 1,509.92	50.0%	\$696.89	\$823.59				

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