

**SCANTIC VALLEY REGIONAL HEALTH TRUST**

**FY20 - FY21 Senior Plan Rates**

\* with a 0.5% Town Subsidy Applied

	Effective 01/01/2020		Retiree		Employer	
	Approved 2020	Percent change	* Monthly Cost 2020		* Monthly Cost 2020	
<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 1/1/20-12/31/20</i>	<b>\$ 327.00</b>	3.15%	<b>\$ 163.50</b>	<b>50.0%</b>	\$ 163.50	50.0%
<i>Individual- effective 1/1/19-12/31/19</i>	<del>\$ 317.00</del>	6.08%	<del>\$ 158.50</del>	<del>50.0%</del>	<del>\$ 158.50</del>	<del>50.0%</del>
<b>"HMO" Medicare Supplement Plan</b>						
<b>BCBS Managed Blue for Seniors Insured</b>						
Group #4035757						
<i>Individual- effective 1/1/20-12/31/20</i>	<b>\$ 374.00</b>	1.91%	<b>\$ 187.01</b>	<b>50.0%</b>	\$ 187.00	50.0%
<i>Individual- effective 1/1/19-12/31/19</i>	<del>\$ 367.00</del>	2.03%	<del>\$ 183.50</del>	<del>50.0%</del>	<del>\$ 183.50</del>	<del>50.0%</del>
<b>HNE Medplus (previously Medwrap)- Self Funded</b>						
Group # S03042-0009						
<i>Individual- effective 1/1/20-12/31/20</i>	<b>\$ 477.60</b>	17.07%	<b>\$ 238.80</b>	<b>50.0%</b>	\$ 238.80	50.0%
<i>Individual- effective 1/1/19-12/31/19</i>	<del>\$ 407.96</del>	0.00%	<del>\$ 203.98</del>	<del>50.0%</del>	<del>\$ 203.98</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						
<i>Individual- effective 1/1/20-12/31/20</i>	<b>\$ 376.90</b>	1.60%	<b>\$ 188.45</b>	<b>50.0%</b>	\$ 188.45	50.0%
<i>Individual- effective 1/1/19-12/31/19</i>	<del>\$ 370.96</del>	0.00%	<del>\$ 185.48</del>	<del>50.0%</del>	<del>\$ 185.48</del>	<del>50.0%</del>
<b>Tufts Medicare Preferred Sup with PDP Plus</b>						
Group # 1854D						
<i>Individual- effective 1/1/20-12/31/20</i>	<b>\$ 358.00</b>	0.00%	<b>\$ 179.00</b>	<b>50.0%</b>	\$ 179.00	50.0%
<i>Individual- effective 1/1/19-12/31/19</i>	<del>\$ 358.00</del>	2.54%	<del>\$ 179.00</del>	<del>50.0%</del>	<del>\$ 179.00</del>	<del>50.0%</del>

**SCANTIC VALLEY REGIONAL HEALTH TRUST**

**FY20 Health Plan rates**

with a 0.5% Town Subsidy Applied

	Effective 07/01/2019		Retiree		Employer	
	Approved FY20	Percent change	* Monthly Cost FY20		* Monthly Cost FY20	
<b>For Retirees who DO NOT qualify for Medicare</b>						
<b>Health New England HMO</b>						
Group # S03042-0007						
<i>* Individual</i>	<b>\$ 644.76</b>	10.02%	<b>\$ 322.38</b>	<b>50.0%</b>	\$ 322.38	50.0%
<i>* Family</i>	<b>\$ 1,605.94</b>	10.02%	<b>\$ 802.97</b>	<b>50.0%</b>	\$ 802.97	50.0%
<b>Tufts HMO</b>						
Group #16209-400						
<i>* Individual</i>	<b>\$ 707.46</b>	3.04%	<b>\$ 353.73</b>	<b>50.0%</b>	\$ 353.73	50.0%
<i>* Family</i>	<b>\$ 1,765.14</b>	3.02%	<b>\$ 882.57</b>	<b>50.0%</b>	\$ 882.57	50.0%
<b>BCBS Network Blue NE HMO</b>						
Group #00-4054974						
<i>* Individual</i>	<b>\$ 754.22</b>	4.99%	<b>\$ 377.11</b>	<b>50.0%</b>	\$ 377.11	50.0%
<i>* Family</i>	<b>\$ 1,871.60</b>	5.02%	<b>\$ 935.80</b>	<b>50.0%</b>	\$ 935.80	50.0%
<b>BCBS Blue Care Elect Preferred PPO</b>						
Group # 00-2343302						
<i>* Individual</i>	<b>\$ 1,390.02</b>	3.02%	<b>\$ 695.01</b>	<b>50.0%</b>	\$ 695.01	50.0%
<i>* Family</i>	<b>\$ 3,019.84</b>	2.99%	<b>\$ 1,509.92</b>	<b>50.0%</b>	\$ 1,509.92	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