

SCANTIC VALLEY REGIONAL HEALTH TRUST

FY21 Health Plan rates
with a 0.5% Town Subsidy Applied

		Effective 07/01/2020		Employee Monthly Cost FY21		Employee's with 26 pays * Per Paycheck Cost FY21		Employee's with 22 pays * Per Paycheck Cost FY21		Employer Monthly Cost FY21		Employer's with 26 pays * Per Paycheck Cost FY21		Employer's with 22 pays * Per Paycheck Cost FY21	
		Approved FY21	Percent change												
Health New England HMO															
Group # 503042-0007															
	* Individual	\$ 683.58	6.02%	\$ 215.33	31.5%	\$99.38	\$117.45	\$ 468.25	68.5%	\$ 216.12	\$255.41				
	* Family	\$ 1,702.46	6.01%	\$ 657.15	38.6%	\$303.30	\$358.45	\$ 1,045.31	61.4%	\$482.45	\$570.17				
Tufts HMO															
Group # 16209-400															
	* Individual	\$ 743.28	5.06%	\$ 234.13	31.5%	\$108.06	\$127.71	\$ 509.14	68.5%	\$234.99	\$277.71				
	* Family	\$ 1,853.70	5.02%	\$ 715.53	38.6%	\$330.24	\$390.29	\$ 1,138.17	61.4%	\$525.31	\$620.82				
BCBS Network Blue NE HMO															
Group # 00-4054974															
	* Individual	\$ 784.06	3.96%	\$ 246.98	31.5%	\$113.99	\$134.72	\$ 537.08	68.5%	\$247.88	\$292.95				
	* Family	\$ 1,946.22	3.99%	\$ 751.24	38.6%	\$346.73	\$409.77	\$ 1,194.98	61.4%	\$551.53	\$651.81				
BCBS Blue Care Elect Preferred PPO															
Group # 00-2343302															
	* Individual	\$ 1,390.02	0.00%	\$ 695.01	50.0%	\$320.77	\$379.10	\$ 695.01	50.0%	\$320.77	\$379.10				
	* Family	\$ 3,019.84	0.00%	\$ 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