

**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>	\$ 327.00	3.15%	\$ 163.50	50.0%	\$ 163.50	50.0%
<i>Individual- effective 1/1/19-12/31/19</i>	<del>\$ 317.00</del>	<del>6.08%</del>	<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>	\$ 374.00	1.91%	\$ 187.00	50.0%	\$ 187.00	50.0%
<i>Individual- effective 1/1/19-12/31/19</i>	<del>\$ 367.00</del>	<del>2.03%</del>	<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>	\$ 477.60	17.07%	\$ 238.80	50.0%	\$ 238.80	50.0%
<i>Individual- effective 1/1/19-12/31/19</i>	<del>\$ 407.96</del>	<del>0.00%</del>	<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>	\$ 376.90	1.60%	\$ 188.45	50.0%	\$ 188.45	50.0%
<i>Individual- effective 1/1/19-12/31/19</i>	<del>\$ 370.96</del>	<del>0.00%</del>	<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>	\$ 358.00	0.00%	\$ 179.00	50.0%	\$ 179.00	50.0%
<i>Individual- effective 1/1/19-12/31/19</i>	<del>\$ 358.00</del>	<del>2.54%</del>	<del>\$ 179.00</del>	<del>50.0%</del>	<del>\$ 179.00</del>	<del>50.0%</del>

**SCANTIC VALLEY REGIONAL HEALTH TRUST**

**FY21 Health Plan rates**

with a 0.5% Town Subsidy Applied

	Effective 07/01/2020		Retiree		Employer	
	Approved FY21	Percent change	* Monthly Cost FY21		* Monthly Cost FY21	
<b>For Retirees who DO NOT qualify for Medicare</b>						
<b>Health New England HMO</b>						
Group # S03042-0007						
<i>* Individual</i>	\$ 683.58	6.02%	\$ 341.79	50.0%	\$ 341.79	50.0%
<i>* Family</i>	\$ 1,702.46	6.01%	\$ 851.23	50.0%	\$ 851.23	50.0%
<b>Tufts HMO</b>						
Group #16209-400						
<i>* Individual</i>	\$ 743.28	5.06%	\$ 371.64	50.0%	\$ 371.64	50.0%
<i>* Family</i>	\$ 1,853.70	5.02%	\$ 926.85	50.0%	\$ 926.85	50.0%
<b>BCBS Network Blue NE HMO</b>						
Group #00-4054974						
<i>* Individual</i>	\$ 784.06	3.96%	\$ 392.03	50.0%	\$ 392.03	50.0%
<i>* Family</i>	\$ 1,946.22	3.99%	\$ 973.11	50.0%	\$ 973.11	50.0%
<b>BCBS Blue Care Elect Preferred PPO</b>						
Group # 00-2343302						
<i>* Individual</i>	\$ 1,390.02	0.00%	\$ 695.01	50.0%	\$ 695.01	50.0%
<i>* Family</i>	\$ 3,019.84	0.00%	\$ 1,509.92	50.0%	\$ 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