

SCANTIC VALLEY REGIONAL HEALTH TRUST

FY22 Health Plan rates

		Effective 07/01/2021		Employee Monthly Cost FY22		Employee's with 26 pays * Per Paycheck Cost FY22		Employee's with 22 pays * Per Paycheck Cost FY22		Employer Monthly Cost FY22		Employer's with 26 pays * Per Paycheck Cost FY22		Employer's with 22 pays * Per Paycheck Cost FY22	
		Approved FY22	Percent change												
Health New England HMO															
Group # 503042-0007															
	* Individual	\$ 721.00	5.47%	\$ 227.12	31.5%	\$104.82	\$123.88	\$ 493.89	68.5%	\$ 227.95	\$269.39				
	* Family	\$ 1,797.00	5.55%	\$ 693.64	38.6%	\$320.14	\$378.35	\$ 1,103.36	61.4%	\$509.24	\$601.83				
Tufts HMO															
Group # 16209-400															
	* Individual	\$ 784.00	5.48%	\$ 246.96	31.5%	\$113.98	\$134.71	\$ 537.04	68.5%	\$247.86	\$292.93				
	* Family	\$ 1,956.00	5.52%	\$ 755.02	38.6%	\$348.47	\$411.83	\$ 1,200.98	61.4%	\$554.30	\$655.08				
BCBS Network Blue NE HMO															
Group # 00-4054974															
	* Individual	\$ 827.00	5.48%	\$ 260.51	31.5%	\$120.24	\$142.10	\$ 566.50	68.5%	\$261.46	\$309.00				
	* Family	\$ 2,054.00	5.54%	\$ 792.84	38.6%	\$365.93	\$432.46	\$ 1,261.16	61.4%	\$582.07	\$687.91				
BCBS Blue Care Elect Preferred PPO															
Group # 00-2343302															
	* Individual	\$ 1,397.00	0.50%	\$ 698.50	50.0%	\$322.38	\$381.00	\$ 698.50	50.0%	\$322.38	\$381.00				
	* Family	\$ 3,035.00	0.50%	\$ 1,517.50	50.0%	\$700.38	\$827.73	\$ 1,517.50	50.0%	\$700.38	\$827.73				

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