

**SCANTIC VALLEY REGIONAL HEALTH TRUST**

**FY18 Senior Plan Rates**

\* with a 1% Town Subsidy Applied

	Effective 01/01/2018		Retiree		Employer	
	Approved 2017	Percent change	* Monthly Cost 2017		* Monthly Cost 2017	
<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 1/1/17-12/31/17</i>	<b>\$ 314.00</b>	6.08%	<b>\$ 157.00</b>	<b>50.0%</b>	\$ 157.00	50.0%
<i>Individual- effective 1/1/16-12/31/16</i>	<del>\$ 296.00</del>	1.91%	<del>\$ 148.00</del>	<del>50.0%</del>	\$ 148.00	50.0%
<b>"HMO" Medicare Supplement Plan</b>						
<b>BCBS Managed Blue for Seniors Insured</b>						
Group #4035757						
<i>Individual- effective 1/1/17-12/31/17</i>	<b>\$ 353.61</b>	2.03%	<b>\$ 176.82</b>	<b>50.0%</b>	\$ 176.81	50.0%
<i>Individual- effective 1/1/16-12/31/16</i>	<del>\$ 346.58</del>	6.55%	<del>\$ 173.29</del>	<del>50.0%</del>	\$ 173.29	50.0%
<b>HNE Medplus (previously Medwrap)- Self Funded</b>						
Group # S03042-0009						
<i>Individual- effective 1/1/17-12/31/17</i> *	<b>\$ 374.22</b>	0.00%	<b>\$ 187.11</b>	<b>50.0%</b>	\$ 187.11	50.0%
<i>Individual- effective 1/1/16-12/31/16</i> *	<del>\$ 374.22</del>	0.00%	<del>\$ 187.11</del>	<del>50.0%</del>	\$ 187.11	50.0%
<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 1/1/17-12/31/17</i>	<b>\$ 369.72</b>	0.00%	<b>\$ 184.86</b>	<b>50.0%</b>	\$ 184.86	50.0%
<i>Individual- effective 1/1/16-12/31/16</i>	<del>\$ 369.72</del>	0.00%	<del>\$ 184.86</del>	<del>50.0%</del>	\$ 184.86	50.0%
<b>Tufts Medicare Preferred Sup with PDP Plus</b>						
Group # 1854D						
<i>Individual- effective 1/1/17-12/31/17</i>	<b>\$ 364.00</b>	2.54%	<b>\$ 182.00</b>	<b>50.0%</b>	\$ 182.00	50.0%
<i>Individual- effective 1/1/16-12/31/16</i>	<del>\$ 355.00</del>	0.00%	<del>\$ 177.50</del>	<del>50.0%</del>	\$ 177.50	50.0%

**SCANTIC VALLEY REGIONAL HEALTH TRUST**

**FY19 Health Plan rates**

with a 0.5% Town Subsidy Applied

	Effective 07/01/2018		Retiree		Employer	
	Approved FY19	Percent change	* Monthly Cost FY19		* Monthly Cost FY19	
<b>For Retirees who DO NOT qualify for Medicare</b>						
<b>Health New England HMO</b>						
Group # S03042-0007						
<i>* Individual</i>	<b>\$ 586.06</b>	7.09%	<b>\$ 293.03</b>	<b>50.0%</b>	\$ 293.03	50.0%
<i>* Family</i>	<b>\$ 1,459.68</b>	7.01%	<b>\$ 729.84</b>	<b>50.0%</b>	\$ 729.84	50.0%
<b>Tufts HMO</b>						
Group #16209-400						
<i>* Individual</i>	<b>\$ 686.56</b>	0.50%	<b>\$ 343.28</b>	<b>50.0%</b>	\$ 343.28	50.0%
<i>* Family</i>	<b>\$ 1,713.40</b>	0.50%	<b>\$ 856.70</b>	<b>50.0%</b>	\$ 856.70	50.0%
<b>BCBS Network Blue NE HMO</b>						
Group #00-4054974						
<i>* Individual</i>	<b>\$ 718.40</b>	2.43%	<b>\$ 359.20</b>	<b>50.0%</b>	\$ 359.20	50.0%
<i>* Family</i>	<b>\$ 1,782.06</b>	2.45%	<b>\$ 891.03</b>	<b>50.0%</b>	\$ 891.03	50.0%
<b>BCBS Blue Care Elect Preferred PPO</b>						
Group # 00-2343302						
<i>* Individual</i>	<b>\$ 1,349.22</b>	5.27%	<b>\$ 674.61</b>	<b>50.0%</b>	\$ 674.61	50.0%
<i>* Family</i>	<b>\$ 2,932.28</b>	5.23%	<b>\$ 1,466.14</b>	<b>50.0%</b>	\$ 1,466.14	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