

**SCANTIC VALLEY REGIONAL HEALTH TRUST**

**FY19 - FY20 Senior Plan Rates**

\* with a 0.5% Town Subsidy Applied

	Effective 01/01/2019		Retiree		Employer	
	Approved 2019	Percent change	* Monthly Cost 2019		* Monthly Cost 2019	
<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 1/1/19-12/31/19</i>	\$ 317.00	0.96%	\$ 158.50	50.0%	\$ 158.50	50.0%
<i>Individual- effective 1/1/18-12/31/18</i>	<del>\$ 314.00</del>	6.08%	<del>\$ 157.00</del>	50.0%	<del>\$ 157.00</del>	50.0%
<b>"HMO" Medicare Supplement Plan</b>						
<b>BCBS Managed Blue for Seniors Insured</b>						
Group #4035757						
<i>Individual- effective 1/1/19-12/31/19</i>	\$ 367.00	3.79%	\$ 183.51	50.0%	\$ 183.50	50.0%
<i>Individual- effective 1/1/18-12/31/18</i>	<del>\$ 353.61</del>	2.03%	<del>\$ 176.81</del>	50.0%	<del>\$ 176.81</del>	50.0%
<b>HNE Medplus (previously Medwrap)- Self Funded</b>						
Group # S03042-0009 * with a 1% Town Subsidy						
<i>Individual- effective 1/1/19-12/31/19</i>	* \$ 407.96	9.02%	\$ 203.98	50.0%	\$ 203.98	50.0%
<i>Individual- effective 1/1/18-12/31/18</i>	* <del>\$ 374.22</del>	0.00%	<del>\$ 187.11</del>	50.0%	<del>\$ 187.11</del>	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 1/1/19-12/31/19</i>	\$ 370.96	0.34%	\$ 185.48	50.0%	\$ 185.48	50.0%
<i>Individual- effective 1/1/18-12/31/18</i>	<del>\$ 369.72</del>	0.00%	<del>\$ 184.86</del>	50.0%	<del>\$ 184.86</del>	50.0%
<b>Tufts Medicare Preferred Sup with PDP Plus</b>						
Group # 1854D						
<i>Individual- effective 1/1/19-12/31/19</i>	\$ 358.00	-1.65%	\$ 179.00	50.0%	\$ 179.00	50.0%
<i>Individual- effective 1/1/18-12/31/18</i>	<del>\$ 364.00</del>	2.54%	<del>\$ 182.00</del>	50.0%	<del>\$ 182.00</del>	50.0%

**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						
* Individual	\$ 644.76	10.02%	\$ 322.38	50.0%	\$ 322.38	50.0%
* Family	\$ 1,605.94	10.02%	\$ 802.97	50.0%	\$ 802.97	50.0%
<b>Tufts HMO</b>						
Group #16209-400						
* Individual	\$ 707.46	3.04%	\$ 353.73	50.0%	\$ 353.73	50.0%
* Family	\$ 1,765.14	3.02%	\$ 882.57	50.0%	\$ 882.57	50.0%
<b>BCBS Network Blue NE HMO</b>						
Group #00-4054974						
* Individual	\$ 754.22	4.99%	\$ 377.11	50.0%	\$ 377.11	50.0%
* Family	\$ 1,871.60	5.02%	\$ 935.80	50.0%	\$ 935.80	50.0%
<b>BCBS Blue Care Elect Preferred PPO</b>						
Group # 00-2343302						
* Individual	\$ 1,390.02	3.02%	\$ 695.01	50.0%	\$ 695.01	50.0%
* Family	\$ 3,019.84	2.99%	\$ 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