

# DENNIS-YARMOUTH REGIONAL SCHOOL DISTRICT

## RETIREE INSURANCES MONTHLY

FY19 Supplemental Plans 1/1/2020

FY 20 Insurances for Pre65 Medical, Retiree Dental, Life, Eye Med 7/1/2019

	RETIREE SHARE	DISTRICT SHARE	TOTAL PREMIUM
<b><u>MEDICARE SUPPLEMENTS</u></b>			
BCBS MEDEX II	\$149.20	\$223.80	\$373.00
HPHC MEDICARE ENHANCE	\$149.60	\$224.40	\$374.00
TUFTS MEDICARE PREFERRED HMO	\$130.80	\$196.20	\$327.00
TUFTS MEDICARE SUPPLEMENT WITH PDP Plus	\$159.20	\$238.80	\$398.00
<b><u>HARVARD PILGRIM (HMO)</u></b>			
INDIVIDUAL	\$340.80	\$511.20	\$852.00
PARENT WITH CHILD	\$681.60	\$1,022.40	\$1,704.00
FAMILY	\$911.60	\$1,367.40	\$2,279.00
<b><u>HARVARD PILGRIM (PPO)</u></b>			
INDIVIDUAL	\$374.00	\$561.00	\$935.00
PARENT WITH CHILD	\$748.00	\$1,122.00	\$1,870.00
FAMILY	\$989.60	\$1,484.40	\$2,474.00
<b><u>BCBS NETWORK BLUE NE HMO</u></b>			
INDIVIDUAL	\$343.20	\$514.80	\$858.00
PARENT WITH CHILD	\$692.40	\$1,038.60	\$1,731.00
FAMILY	\$921.20	\$1,381.80	\$2,303.00
<b><u>BCBS BLUE CARE ELECT (PPO)</u></b>			
INDIVIDUAL	\$448.40	\$672.60	\$1,121.00
PARENT WITH CHILD	\$899.60	\$1,349.40	\$2,249.00
FAMILY	\$1,123.20	\$1,684.80	\$2,808.00
<b><u>DELTA DENTAL</u></b>			
INDIVIDUAL	\$16.00	\$24.00	\$40.00
PARENT WITH CHILD	\$31.60	\$47.40	\$79.00
FAMILY	\$41.20	\$61.80	\$103.00
<b><u>LIFE</u></b>			
\$1,000	\$0.14	\$0.20	\$0.34
<b><u>EYEMED VISION PLAN</u></b> (Voluntary plan, not subsidized)			
INDIVIDUAL	\$7.53	\$0.00	7.53
2- Person	\$14.31	\$0.00	14.31
FAMILY	\$21.02	\$0.00	21.02