

DENNIS-YARMOUTH REGIONAL SCHOOL DISTRICT

RETIREE INSURANCES MONTHLY

CY23 Supplemental Plans 1/1/2024

FY24 Insurances for Pre65 Medical, Retiree, Dental, Life, Eye Med 7/1/2023

| | RETIREE SHARE | DISTRICT SHARE | TOTAL PREMIUM |
|--|------------------|-------------------|------------------|
| <u>MEDICARE SUPPLEMENTS</u> | | | |
| BCBS MEDEX II | \$161.60 | \$242.40 | \$404.00 |
| HPHC MEDICARE ENHANCE | \$158.40 | \$237.60 | \$396.00 |
| TUFTS MEDICARE PREFERRED HMO | \$150.80 | \$226.20 | \$377.00 |
| TUFTS MEDICARE SUPPLEMENT WITH PDP Plus | \$190.40 | \$285.60 | \$476.00 |
| <u>HARVARD PILGRIM (HMO)</u> | | | |
| INDIVIDUAL | \$372.40 | \$558.60 | \$931.00 |
| PARENT WITH CHILD | \$744.80 | \$1,117.20 | \$1,862.00 |
| FAMILY | \$996.40 | \$1,494.60 | \$2,491.00 |
| <u>HARVARD PILGRIM (PPO)</u> | | | |
| INDIVIDUAL | \$408.80 | \$613.20 | \$1,022.00 |
| PARENT WITH CHILD | \$817.20 | \$1,225.80 | \$2,043.00 |
| FAMILY | \$1,081.20 | \$1,621.80 | \$2,703.00 |
| <u>BCBS NETWORK BLUE NE HMO</u> | | | |
| INDIVIDUAL | \$378.80 | \$568.20 | \$947.00 |
| PARENT WITH CHILD | \$763.60 | \$1,145.40 | \$1,909.00 |
| FAMILY | \$1,016.40 | \$1,524.60 | \$2,541.00 |
| <u>BCBS BLUE CARE ELECT (PPO)</u> | | | |
| INDIVIDUAL | \$495.20 | \$742.80 | \$1,238.00 |
| PARENT WITH CHILD | \$992.00 | \$1,488.00 | \$2,480.00 |
| FAMILY | \$1,239.20 | \$1,858.80 | \$3,098.00 |
| <u>DELTA DENTAL</u> | | | |
| INDIVIDUAL | \$16.00 | \$24.00 | \$40.00 |
| PARENT WITH CHILD | \$31.60 | \$47.40 | \$79.00 |
| FAMILY | \$41.20 | \$61.80 | \$103.00 |
| <u>LIFE</u> | | | |
| \$1,000 | \$0.14 | \$0.20 | \$0.34 |
| <u>EYEMED VISION PLAN</u> | | | |
| (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 |