

Town of Scituate

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LICENCE NO.

FISCAL 2020 (effective July 1, 2019-June 30, 2020)

Monthly premiums are as follows:

	<u>Family Plan</u>	<u>Individual Plan</u>
Network Blue NE \$250 Deductible HMO*	\$1,026.17	\$221.28
Network Blue NE HMO	\$1,071.53	\$230.92
Blue Care Elect \$250 Deductible PPO*	\$1,244.50	\$467.11
Blue Care Elect Value Plus PPO	\$1,376.55	\$580.17

*These health plan options include a tiered network feature called Hospital Choice Cost Sharing. You will pay different levels of cost share (such as copayments and/or coinsurance) for certain services depending on the network general hospital you choose. For help finding a network general hospital visit www.bluecrossma.com/hospitalchoice. Then click on the Planning guide link.

For more detailed information on all of the active plans, please visit <https://planinfo.bluecrossma.com/customblue/2019/miiatownofscituate>

Delta Dental Family Plan \$134.00 Individual Plan \$53.00

Medicare Supplemental Plan

Monthly Premium Rates through 12/31/2019

Retiree or spouse (These are all individual rates as there are no family retiree plans.)

Medex 2 + Blue Medicare Rx – Per person: \$195.24

All retirees age 65 and over (if eligible) are required to enroll in Medicare Part A&B and the supplemental plan.