

Town of Scituate

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LICENCE NO.

FISCAL 2021 (effective July 1, 2020 - June 30, 2021)

Monthly premiums are as follows:

	<u>Family Plan</u>	<u>Individual Plan</u>
Network Blue NE \$250 Deductible HMO*	\$1,066.19	\$229.91
Network Blue NE HMO	\$1,113.32	\$239.92
Blue Care Elect \$250 Deductible PPO*	\$1,293.03	\$485.33
Blue Care Elect Value Plus PPO	\$1,430.24	\$602.80

*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.

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

Medicare Supplemental Plan

Monthly Premium Rates through 12/31/2020

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

Medex 2 + Blue Medicare Rx – Per person: \$193.29

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