

ACTIVE EMPLOYEE PLANS effective 7/1/20				WEEKLY @ 50%			MONTHLY @ 50%		MONTHLY @ 100%		
Health Plan	High Deductible Group	Standard Group	Type of Coverage	Munis Code	High Deductible	Munis Code	Standard	High Deductible	Standard	High Deductible	Standard
BCBS MH+		00-0180279	FAM			2408	\$ 512.38		\$ 2,049.50		\$ 4,099.00
			IND			2408	\$ 205.00		\$ 820.00		\$ 1,640.00
TEFRA 00-2259117		00-2259117	P/C			2408	\$ 410.63		\$ 1,642.50		\$ 3,285.00
BCBS PPO	00-2360787	00-2345180	FAM	2401	\$ 293.13	2408	\$ 351.00	\$ 1,172.50	\$ 1,404.00	\$ 2,345.00	\$ 2,808.00
			IND	2401	\$ 116.88	2408	\$ 140.13	\$ 467.50	\$ 560.50	\$ 935.00	\$ 1,121.00
			P/C	2401	\$ 234.75	2408	\$ 281.13	\$ 939.00	\$ 1,124.50	\$ 1,878.00	\$ 2,249.00
BCBS HMO	00-2360788	00-4054979	FAM	2401	\$ 240.88	2408	\$ 287.88	\$ 963.50	\$ 1,151.50	\$ 1,927.00	\$ 2,303.00
			IND	2401	\$ 89.75	2408	\$ 107.25	\$ 359.00	\$ 429.00	\$ 718.00	\$ 858.00
			P/C	2401	\$ 181.25	2408	\$ 216.38	\$ 725.00	\$ 865.50	\$ 1,450.00	\$ 1,731.00
HPHC PPO	18984-0003	028865-0000	FAM	2402	\$ 248.88	2409	\$ 309.25	\$ 995.50	\$ 1,237.00	\$ 1,991.00	\$ 2,474.00
			IND	2402	\$ 92.50	2409	\$ 116.88	\$ 370.00	\$ 467.50	\$ 740.00	\$ 935.00
			P/C	2402	\$ 187.38	2409	\$ 233.75	\$ 749.50	\$ 935.00	\$ 1,499.00	\$ 1,870.00
HPHC HMO	18983-0003	033301-0000	FAM	2402	\$ 226.25	2409	\$ 284.88	\$ 905.00	\$ 1,139.50	\$ 1,810.00	\$ 2,279.00
			IND	2402	\$ 84.00	2409	\$ 106.50	\$ 336.00	\$ 426.00	\$ 672.00	\$ 852.00
			P/C	2402	\$ 170.38	2409	\$ 213.00	\$ 681.50	\$ 852.00	\$ 1,363.00	\$ 1,704.00

MEDICARE PLANS effective 1/1/20			Type of Coverage		MONTHLY @ 50%		MONTHLY @ 100%	
Tufts Medicare Preferred HMO	1267	IND		Medicare Advantage Plan		\$ 163.50		\$ 327.00
Tufts Medicare Prime Supplement + PDP	1867S	IND		Freedom to Choose Plan		\$ 199.00		\$ 398.00
BCBS Medex 2 + Blue Medicare Rx	50-0180390	IND		Freedom to Choose Plan		\$ 186.50		\$ 373.00
BCBS Medicare HMO Blue	00-4043308	IND		Medicare Advantage Plan		\$ 197.14		\$ 394.27
BCBS Managed Blue + Blue Medicare Rx	4035705	IND		HMO Medigap Plan		\$ 185.88		\$ 371.76
HPHC Medicare Enhance + Aetna Rx by Silverscript	39000-0000	IND		Freedom to Choose Plan		\$ 187.00		\$ 374.00

DELTA DENTAL PLANS effective 7/1/20			Munis Code	WEEKLY @ 100%		MONTHLY @ 100%	COBRA @ 102%
Premier Table Plan	0950-6003	FAM	2552	\$ 19.75		\$ 79.00	\$ 80.58
COBRA Group	0950-6004	IND	2551	\$ 8.00		\$ 32.00	\$ 32.64
PPO Plus w/Ortho	0958-9014	FAM	2572	\$ 37.57		\$ 150.27	\$ 153.28
COBRA Group	0958-9015	IND	2571	\$ 13.27		\$ 53.08	\$ 54.14