

HAMPDEN-WILBRAHAM REGIONAL SCHOOL DISTRICT
HEALTH INSURANCE BENEFITS FOR FORMER GIC RETIRED MUNICIPAL TEACHERS'
July 1, 2018

	<u>PAYMENT RATIO</u>	<u>MONTHLY PREMIUM</u>	<u>DISTRICT MONTHLY SHARE</u>	<u>RETIREE MONTHLY SHARE</u>	<u>RETIREE ANNUAL COST</u>
Non-Medicare Eligible Plans					
<u>BLUE CROSS & BLUE SHIELD</u>					
INDIVIDUAL	82%/18%	743.00	609.26	133.74	1,604.88
FAMILY	82%/18%	1,840.00	1,508.80	331.20	3,974.40
BLUE CARE PREFERRED PPO-IND	82%/18%	1,411.00	1,157.02	253.98	3,047.76
BLUE CARE PREFERRED PPO-FAMILY	82%/18%	3,070.00	2,517.40	552.60	6,631.20
<u>HEALTH NEW ENGLAND</u>					
INDIVIDUAL	82%/18%	638.00	523.16	114.84	1,378.08
DOUBLE (EMPLOYEE +1 DEPENDENT)	82%/18%	1,295.00	1,061.90	233.10	2,797.20
FAMILY	82%/18%	1,745.00	1,430.90	314.10	3,769.20
<u>TUFTS HEALTH PLAN</u>					
INDIVIDUAL	82%/18%	760.00	623.20	136.80	1,641.60
FAMILY	82%/18%	1,897.00	1,555.54	341.46	4,097.52
Medicare Eligible Plans					
<u>HMO BLUE</u>					
*MEDICARE HMO BLUE	82%/18%	371.10	304.30	66.80	801.58
*BCBS MEDEX 2 w/ MEDICARERX (PDP)	82%/18%	372.00	305.04	66.96	803.52
MANAGED BLUE FOR SENIORS	82%/18%	353.61	289.96	63.65	763.80
<u>HEALTH NEW ENGLAND</u>					
*MEDPLUS	82%/18%	378.00	309.96	68.04	816.48
MEDICARE SECURE FREEDOM	82%/18%	366.00	300.12	65.88	790.56
<u>TUFTS HEALTH PLAN</u>					
*TUFTS MEDICARE PDP PLUS *	82%/18%	364.00	298.48	65.52	786.24
TUFTS MEDICARE PREFERRED HMO	82%/18%	314.00	257.48	56.52	678.24

*ALL MEDI-GAP PLANS REQUIRE MEDICARE PARTS A & B
MEDICARE PLANS/RATES RENEW ON JANUARY 1

Please note the payment ratio changes annually on July 1 per the HWRSD Retired Teachers'
Health & Welfare Fund Agreement