

Non-Medicare Retirees (Retiree 40% - Town 60%)(*the Town pays 50% for this plan)						
	Monthly Retirement Check Deductions			Monthly Rate TOTALS		
	Individual	Double	Family	Individual	Double	Family
7/1/2020 renewal						
BCBS Blue Care Elect PPO*	\$698.50	-	\$1,517.50	\$1,397.00	-	\$3,035.00
BCBS Network Blue New England	\$340.80	-	\$843.60	\$852.00	-	\$2,109.00
00-4056706						
HNE HMO (Exclusive)	\$312.40	\$634.80	\$854.80	\$781.00	\$1,587.00	\$2,137.00
S03042-0022						
Tufts Health Plan EPO	\$345.20	-	\$862.00	\$863.00	-	\$2,155.00
07377-100						
Boston Mutual Life \$1,000	\$0.30	-	-	\$0.60	-	-
0001911-00001						