

Town of Scituate

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LICENCE NO.

FISCAL 2015 (effective July 1, 2014-June 30, 2015)

(Plan rates are unchanged from F/Y 2014)

Monthly premiums are as follows:

	<u>Family Plan</u>	<u>Individual Plan</u>
Blue Care Elect Benchmark PPO	\$977.00	\$412.50
Blue Care Elect Rate Saver PPO	\$1,047.00	\$441.50
Network Blue Benchmark HMO	\$728.03	\$156.87
Network Blue Rate Saver HMO	\$760.46	\$163.89
Harvard Pilgrim Benchmark HMO	\$769.86	\$166.05
Harvard Pilgrim Rate Saver HMO	\$803.70	\$173.34
Medex III (Medicare Supplemental)		\$205.00
HPHC Medicare Enhance (Medicare Supplemental)		\$219.50

- **Delta Dental monthly** premiums are as follows: (unchanged from F/Y 2014)

Family Plan \$123.00

Individual Plan \$48.00

Availability of Summary Health Information

As an employee, the health benefits available to you represent a significant component of your compensation package. They also provide important protection for you and your family in the case of illness or injury. Your plan offers a series of health coverage options. Choosing a health coverage option is an important decision. To help you make an informed choice, your plan makes available a Summary of Benefits and Coverage (SBC), which summarizes important information about any health coverage option in a standard format, to help you compare across options.

The SBC is available on the web at www.mmhg.org. A paper copy is also available, free of charge, by calling Julia Kelley at 781-545-8719.