

# Town of Scituate

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LEASE NO.

## FISCAL 2017 (effective July 1, 2016-June 30, 2017)

Monthly premiums are as follows:

	<u>Family Plan</u>	<u>Individual Plan</u>
<b>Blue Care Elect Benchmark PPO</b>	\$1,146.00	\$483.00
<b>Blue Care Elect Rate Saver PPO</b>	\$1,228.00	\$518.00
<b>Network Blue Benchmark HMO</b>	\$853.99	\$184.14
<b>Network Blue Rate Saver HMO</b>	\$892.06	\$192.24
<b>Harvard Pilgrim Benchmark HMO</b>	\$921.20	\$198.72
<b>Harvard Pilgrim Rate Saver HMO</b>	\$961.15	\$207.36
<b>Medex III (Medicare Supplemental)</b>		\$218.50
<b>HPHC Medicare Enhance (Medicare Supplemental)</b>		\$241.50

- **Delta Dental monthly premiums are as follows:**

Family Plan \$130.00

Individual Plan \$51.00

### **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](http://www.mmhg.org). A paper copy is also available, free of charge, by calling Julia Kelley at 781-545-8719.