

Mayflower Municipal Health Group

FY 2021 MONTHLY FUNDING RATES

			FY 2021 Rate		
	Individual	Family	Individual	Family	% Increase
BLUE CROSS BLUE SHIELD:					
BLUE CARE ELECT PPO RATE SAVER	\$1,226.00	\$2,905.00	\$1,251.00	\$2,963.00	2%
NETWORK BLUE NE HMO RATE SAVER	\$842.00	\$2,245.00	\$859.00	\$2,290.00	2%
HARVARD PILGRIM HEALTH CARE:					
HPHC HMO RATE SAVER	\$912.00	\$2,429.00	\$931.00	\$2,477.00	2%
BLUE CROSS BLUE SHIELD RETIREE					
MEDICARE SUPPLEMENT PLAN:	CY 2020	Individual	CY 2020	Individual	CALENDAR
MEDEX 2 WITH BLUE MEDICARE RX PDP	\$378.00	\$192.77 MEDICAL/ \$185.23 PDP	\$378.00	\$191.04 MEDICAL/ \$186.96 PDP	YEAR PLAN RATE WILL CHANGE JANUARY 1, 2021

3/11/2020-voted active plan rates