



**MONOMOY REGIONAL SCHOOL DISTRICT  
 MEDICARE SUPPLEMENTAL PLAN RATES  
 Calendar Year 2023**

<b>PLAN</b>	<b>Total Monthly Cost</b>	<b>Monomoy Monthly Contribution</b>	<b>Your Monthly Rate</b>
Blue Cross Blue Shield MEDEX 2	\$404.00	\$282.80	<b>\$121.20</b>
Blue Cross Blue Shield Managed Blue for Seniors	\$395.67	\$276.97	<b>\$118.70</b>
Blue Cross Blue Shield Medicare HMO Blue	\$410.03	\$287.02	<b>\$123.01</b>
Harvard Pilgrim Health Medicare Enhance	\$396.00	\$277.20	<b>\$118.80</b>
Tufts Medicare Supplement with PDP Plus	\$476.00	\$333.20	<b>\$142.80</b>
Tufts Medicare Preferred HMO	\$377.00	\$263.90	<b>\$113.10</b>
*DELTA DENTAL	Individual \$12.00	Indiv + child \$23.70	Family \$30.90
*EYEMED VISION	Individual \$2.26	Indiv + Dep. \$4.29	Family \$6.31
LIFE INSURANCE	.48 per month		

\*Dental & Vision rates are effective 7/1/2023 – 6/30/2024.