



**MONOMOY REGIONAL SCHOOL DISTRICT  
MEDICARE SUPPLEMENTAL PLAN RATES  
Calendar Year 2025**

<b>PLAN</b>	<b>Total Monthly Cost</b>	<b>Monomoy Monthly Contribution</b>	<b>Your Monthly Rate</b>
Blue Cross Blue Shield MEDEX 2	\$455.00	\$318.50	<b>\$136.50</b>
Blue Cross Blue Shield Managed Blue for Seniors	\$460.50	\$322.35	<b>\$138.15</b>
Blue Cross Blue Shield Medicare HMO Blue	\$523.60	\$366.52	<b>\$157.08</b>
Harvard Pilgrim Health Medicare Enhance	\$440.00	\$308.00	<b>\$132.00</b>
Tufts Medicare Preferred HMO	\$403.00	\$282.10	<b>\$120.90</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 7/1/2024 – 6/30/2025.