



**MONOMOY REGIONAL SCHOOL DISTRICT
MEDICARE SUPPLEMENTAL PLAN RATES
Calendar Year 2026**

PLAN	Total Monthly Cost	Monomoy Monthly Contribution	Your Monthly Rate
Blue Cross Blue Shield MEDEX 2	\$530.00	\$371.00	\$159.00
Blue Cross Blue Shield Managed Blue for Seniors	\$517.24	\$362.06	\$155.18
Blue Cross Blue Shield Medicare HMO Blue	\$632.44	\$442.70	\$189.74
Harvard Pilgrim Health Medicare Enhance	\$475.00	\$332.50	\$142.50
Tufts Medicare Preferred HMO	\$423.00	\$296.10	\$126.90
*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 7/1/2025 – 6/30/2026.