



THE COMMONWEALTH OF MASSACHUSETTS  
**COUNTY OF PLYMOUTH**  
 OFFICE OF THE COUNTY COMMISSIONERS

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 PLYMOUTH

**EFFECTIVE JULY 1, 2020 NEW HEALTH/DENTAL INSURANCE RATES**

**RETIREES**

<b>ACTIVE EMPLOYEE RATES:</b>	<b><u>EMPLOYEE SHARE</u></b>	<b><u>COUNTY SHARE</u></b>	<b><u>TOTAL</u></b>
	<b><u>25%</u></b>	<b><u>75%</u></b>	
BLUE CROSS BLUE CARE ELECT PREFERRED (PPO) INDIVIDUAL	\$ 338.25	\$ 1,014.75	\$ 1,353.00
BLUE CROSS BLUE CARE ELECT PREFERRED (PPO) FAMILY	\$ 801.25	\$ 2,403.75	\$ 3,205.00
BLUE CROSS BLUE CARE ELECT RATE SAVER PLAN INDIVIDUAL	\$ 312.75	\$ 938.25	\$ 1,251.00
BLUE CROSS BLUE CARE ELECT RATE SAVER PLAN FAMILY	\$ 740.75	\$ 2,222.25	\$ 2,963.00
BLUE CROSS BLUE CARE ELECT BENCHMARK PLAN INDIVIDUAL	\$ 280.75	\$ 842.25	\$ 1,123.00
BLUE CROSS BLUE CARE ELECT BENCHMARK PLAN FAMILY	\$ 665.75	\$ 1,997.25	\$ 2,663.00
BLUE CROSS NETWORK BLUE INDIVIDUAL	\$ 238.50	\$ 715.50	\$ 954.00
BLUE CROSS NETWORK BLUE FAMILY	\$ 635.25	\$ 1,905.75	\$ 2,541.00
BLUE CROSS NETWORK BLUE RATE SAVER INDIVIDUAL	\$ 214.75	\$ 644.25	\$ 859.00
BLUE CROSS NETWORK BLUE RATE SAVER FAMILY	\$ 572.50	\$ 1,717.50	\$ 2,290.00
BLUE CROSS NETWORK BLUE BENCHMARK PLAN INDIVIDUAL	\$ 198.25	\$ 594.75	\$ 793.00
BLUE CROSS NETWORK BLUE BENCHMARK PLAN FAMILY	\$ 527.75	\$ 1,583.25	\$ 2,111.00
HARVARD PILGRIM HMO INDIVIDUAL	\$ 258.00	\$ 774.00	\$ 1,032.00
HARVARD PILGRIM HMO FAMILY	\$ 687.25	\$ 2,061.75	\$ 2,749.00
HARVARD PILGRIM RATE SAVER INDIVIDUAL	\$ 232.75	\$ 698.25	\$ 931.00
HARVARD PILGRIM RATE SAVER FAMILY	\$ 619.25	\$ 1,857.75	\$ 2,477.00
HARVARD PILGRIM BENCHMARK PLAN INDIVIDUAL	\$ 219.25	\$ 657.75	\$ 877.00
HARVARD PILGRIM BENCHMARK PLAN FAMILY	\$ 583.75	\$ 1,751.25	\$ 2,335.00
DELTA DENTAL INDIVIDUAL	\$ 7.87	\$ 23.60	\$ 31.46
DELTA DENTAL FAMILY	\$ 29.58	\$ 88.75	\$ 118.33

**BLUE 20/20**

EMPLOYEE	\$ 5.43	* <b><u>Medex2 RX PDP</u></b>	<b><u>\$94.50</u></b>
EMPLOYEE PLUS SPOUSE	\$ 9.24		
EMPLOYEE PLUS ONE OR MORE CHILDREN	\$ 9.52		
FAMILY	\$ 14.95		