

**CONTRIBUTORY RETIREMENT HEALTH AND DENTAL RATES Effective 1/1/2020**

Retiree groups include: Airport, AFSCME, NonAffiliated, PDSS, Water, Welfare and Library

**HMO SOS Plans**

	<b>SINGLE</b>	<b>2-PERSON</b>	<b>FAMILY</b>
<i>ANTHEM HMO 100 SOS Plan</i> <i>(Access Blue New England)</i>	\$ 852.59	\$ 1,713.68	\$ 2,293.42

Available only to: Airport, AFSCME and PDSS

<i>ANTHEM HMO 250 SOS Plan</i> <i>(Access Blue New England)</i>	\$ 837.87	\$ 1,684.14	\$ 2,253.84
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Available to: Airport, AFSCME, NonAffiliated, PDSS, Water and Welfare Retirees

<i>ANTHEM PPO out of State Plan</i> <i>(Access Blue New England)</i>	\$ 878.95	\$ 1,766.69	\$ 2,364.35
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Available to: all Contributory Retirees who live permanently outside of the NE Network

**Lumenos HDHPs**

	<b>SINGLE</b>	<b>2-PERSON</b>	<b>FAMILY</b>
<i>ANTHEM LUMENOS HDHP..Regional NE States (H S A)</i> <i>Allows you to open an H S A account</i>	\$ 670.99	\$ 1,348.78	\$ 1,805.05

Available to: all Contributory Retirees

<i>ANTHEM LUMENOS HDHP..National (H S A)</i> <i>Allows you to open an H S A Account</i>	\$ 670.99	\$ 1,348.78	\$ 1,805.05
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Available to: all Contributory Retirees who live permanently outside of the NE Network

**POS Plans**

	<b>SINGLE</b>	<b>2-PERSON</b>	<b>FAMILY</b>
<i>ANTHEM POS 100 SOS</i> <i>(Blue Choice New England)</i>	\$ 1,231.24	\$ 2,474.78	\$ 3,312.01
<i>ANTHEM POS 250 SOS</i> <i>(Blue Choice New England)</i>	\$ 1,209.67	\$ 2,431.41	\$ 3,253.96

Available to AFSCME Retirees Only

<i>Anthem POS</i> <i>(BlueChoice NE)</i>	\$ 1,269.33	\$ 2,551.32	\$ 3,414.43
<i>Anthem POS 80/20 Plan</i> <i>(BlueChoice NE)</i>	\$ 1,247.97	\$ 2,508.47	\$ 3,357.08

Available to Non-Affiliated, Water and Welfare

**Plans Available to Library Retirees ONLY**

	<b>SINGLE</b>	<b>2-PERSON</b>	<b>FAMILY</b>
<i>ANTHEM HMO</i> <i>(Access Blue New England)</i>	\$ 878.95	\$ 1,766.69	\$ 2,364.35
<i>ANTHEM HMO 80/20 Plan</i> <i>(Access Blue New England)</i>	\$ 863.78	\$ 1,736.22	\$ 2,323.55
<i>Anthem POS</i> <i>(BlueChoice NE)</i>	\$ 1,269.33	\$ 2,551.32	\$ 3,414.43
<i>Anthem POS 80/20 Plan</i> <i>(BlueChoice NE)</i>	\$ 1,247.97	\$ 2,508.47	\$ 3,357.08

**Retirees Over 65**

<i>United American Insurance Company Medicare Supplemental (Plan F &amp; G)</i> <i>(Subject to change effective 1/1/2021)</i>	<b>SINGLE</b> \$ 451.32		
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**Dental Insurance**

	<b>SINGLE</b>	<b>2-PERSON</b>	<b>Family</b>
<i>Delta Dental</i>	\$ 40.50	\$ 78.58	\$ 150.95