

**NEW HAMPSHIRE RETIREMENT  
HEALTH AND DENTAL RATES EFFECTIVE 7/1/2020**

**All Retirees**

		<b>SINGLE</b>	<b>2-PERSON</b>	<b>FAMILY</b>
ANTHEM HMO 250 SOS Plan (Access Blue New England)	Rate	\$ 866.97	\$ 1,742.63	\$ 2,332.12
	Subsidy	\$ (375.56)	\$ (751.12)	\$ (751.12)
	<b>Retiree Share</b>	\$ 491.41	\$ 991.51	\$ 1,581.00

ANTHEM LUMENOS HDHP..Regional NE States (High Deductible Health Plan) allows you to Open an H S A Account	Rate	\$ 694.29	\$ 1,395.62	\$ 1,867.74
	Subsidy	\$ (375.56)	\$ (751.12)	\$ (751.12)
	<b>Monthly</b>	\$ 318.73	\$ 644.50	\$ 1,116.62

**FIRE Retirees Only**

		<b>SINGLE</b>	<b>2-PERSON</b>	<b>FAMILY</b>
ANTHEM POS 250 SOS (Blue Choice New England)	Rate	\$ 1,251.68	\$ 2,515.85	\$ 3,366.97
	Subsidy	\$ (375.56)	\$ (751.12)	\$ (751.12)
		\$ 876.12	\$ 1,764.73	\$ 2,615.85

**Only for Retirees who live Permanently  
outside of New England**

		<b>SINGLE</b>	<b>2-PERSON</b>	<b>FAMILY</b>
ANTHEM LUMENOS HDHP..National (High Deductible Health Plan) allows you to Open an H S A Account	Rate	\$ 694.29	\$ 1,395.62	\$ 1,867.74
	Subsidy	\$ (375.56)	\$ (751.12)	\$ (751.12)
	<b>Monthly</b>	\$ 318.73	\$ 644.50	\$ 1,116.62

ANTHEM HMO (and PPO out of State Plan) (Access Blue New England)	Rate	\$ 909.48	\$ 1,828.05	\$ 2,446.46
	Subsidy	\$ (375.56)	\$ (751.12)	\$ (751.12)
	<b>Retiree Share</b>	\$ 533.92	\$ 1,076.93	\$ 1,695.34

**Retirees over the age of 65**

United American Insurance Company Medicare (Subject to change effective 1/1/2021)	Rate	\$ 451.32		
	Subsidy	\$ (236.84)		
	<b>Retiree share</b>	\$ 214.48		

**Delta Dental**

		<b>SINGLE</b>	<b>2-PERSON</b>	<b>Family</b>
	Rate	\$ 40.50	\$ 78.58	\$ 150.95

**NOTE:**

- \* Subsidy cannot exceed cost of insurance
- \* If employee is not married, he will only get the single person subsidy; however he can get a subsidy for a handicapped child (must be documented)
- \* Family plan subsidy amount may not exceed two-person subsidy amount