

**Town of Dover Retiree Health Insurance
Medicare Supplement/Advantage Plans
CY2021 Monthly Rates - Effective January 1, 2021**

Must be a Dover Retiree, Spouse or Surviving Spouse and enrolled in *both* Medicare Parts A & B to be eligible

Company	Plan Name	Provider Network	2021 Full Monthly Rate	Contribution %		2021 Monthly Rate	
				Retiree	Town	Retiree (YOU PAY)	Town
Tufts Medicare	Supplement PDP Plus	No Network	\$ 375.00	50.0%	50.0%	\$ 187.50	\$ 187.50
	Preferred HMO	HMO	\$ 341.00	50.0%	50.0%	\$ 170.50	\$ 170.50
Harvard Pilgrim	Medicare Enhanced	No Network	\$ 382.00	50.0%	50.0%	\$ 191.00	\$ 191.00
Blue Cross / Blue Shield	MEDEX	No Network	\$ 405.00	50.0%	50.0%	\$ 202.50	\$ 202.50
	Managed Blue for Seniors	HMO	\$ 383.00	50.0%	50.0%	\$ 191.50	\$ 191.50
Fallon Health	Medicare Plus Premier	HMO	\$ 313.00	50.0%	50.0%	\$ 156.50	\$ 156.50
	Medicare Plus Central Premier	HMO (Worcester County only)	\$ 228.00	50.0%	50.0%	\$ 114.00	\$ 114.00