

**Medicare Supplement Plans
Town of Lexington
Monthly Health Rate Sheet for
Retirees and Survivors**

Health Plan	PLAN TYPE	TOTAL MONTHLY PER PERSON	RETIREE MONTHLY COST WITHOUT MEDICARE PART B SUBSIDY	RETIREE MONTHLY COST WITH Medicare Part B Subsidy of \$65.96	TOWN MONTHLY PREMIUM COST
Harvard Pilgrim Medicare Enhance	Medicare(<i>Indem</i>) (75/25)	\$421.84	\$105.46	\$39.50	\$316.38
Health New England MedPlus	Medicare(<i>Indem</i>) (75/25)	\$430.29	\$107.57	\$41.61	\$322.72
Tufts Health Plan Medicare Preferred	Medicare(<i>HMO</i>) (82/18)	\$352.75	\$63.50	\$0.00	\$289.26
UniCareState Indemnity Plan/Medicare Extension (OME) with CIC (<i>Comprehensive</i>)	Medicare(<i>Indem</i>) (75/25)	\$425.11	\$106.28	\$40.32	\$318.83

PLAN CONTACT INFORMATION

Plan Name	Phone	Web Site
Harvard Pilgrim Medicare Enhance	(800) 542-1499	www.harvardpilgrim.org/gic
Health New England MedPlus	(800) 842-4464	www.healthnewengland.org/gic
Tufts Health Plan Medicare Preferred	(888) 333-0880	www.tuftshealthplan.com/gic
UniCare State Indemnity Plan/Medicare Extension	(800) 442-9300	www.unicarestateplan.com