

WEST SUBURBAN HEALTH GROUP

Senior Plan Rates Effective January 1, 2024– December 31, 2024

<i>Insured Health Plans</i>	<i>CY23 Monthly Rate</i>	<i>% of Increase/Decrease from CY2</i>	<i>Retiree Share 40%</i>	<i>Town Share 60%</i>	<i>Surviving Spouse 100%</i>
<i>BCBS Medex</i>	\$424.00	4.7%	\$169.60	\$254.40	\$424.00
<i>HPHC Medicare Enhance</i>	\$434.00	8.2%	\$173.60	\$260.40	\$434.00
<i>Tufts Medicare Pref. Supplement With PDP Plus</i>	\$437.00	12.9%	\$174.80	\$262.20	\$437.00
<i>Managed Blue for Seniors</i>	\$405.00	4.7%	\$162.00	\$243.00	\$405.00
<i>Tufts Medicare Preferred HMO</i>	\$377.00	1.6%	\$150.80	\$226.20	\$377.00
<i>Fallon Medicare Plus Premier</i>	\$328.00	0%	\$131.20	\$196.80	\$328.00
<i>Fallon Medicare Plus Central Premier**</i>	\$243.00	0%	\$97.20	\$145.80	\$243.00

****Fallon Medicare Plus Central Premier is available for residents who reside in Worcester County Only**