

Town of Needham Retiree Health Insurance

Medicare Supplement/Advantage Plans

Calendar Year 2025 Monthly Rates - Effective January 1, 2025

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

Company	Plan Name	Provider Network	2025 Full Monthly Rate	Town Contribution	2025 Monthly Rate	
					Retiree <i>(YOU PAY)</i>	<i>Town pays</i>
Tufts	Preferred HMO	HMO	\$ 403.00	50.0%	\$ 201.50	\$ 201.50
Harvard Pilgrim	Medicare Enhanced	No Network	\$ 454.00	50.0%	\$ 227.00	\$ 227.00
Blue Cross / Blue Shield	MEDEX	No Network	\$ 466.00	50.0%	\$ 233.00	\$ 233.00
	Managed Blue for Seniors	HMO	\$ 429.00	68.0%	\$ 137.28	\$ 291.72
Fallon Health	Medicare Plus Premier	HMO	\$ 358.00	50.0%	\$ 179.00	\$ 179.00
	Medicare Plus Central Premier	HMO <i>(Worcester County only)</i>	\$ 273.00	50.0%	\$ 136.50	\$ 136.50