

Town of Shrewsbury 2020 Senior Plan Payroll Agreement

I _____ authorize the Town of Shrewsbury to deduct the premium designated below from my monthly: () MTR Check () Retirement Check () Direct Payment

Monthly Retirees				Monthly Surviving Spouses				
Medicare Supplement Plans								
	EMP	TOWN		EMP	TOWN			
Harvard Pilgrim Medicare Enhance with First Health Part D								
Subscriber	___	\$191.00	\$191.00	8712	___	\$191.00	\$191.00	8722
Subscriber x 2	___	\$382.00	\$382.00	8732				
Blue Cross Blue Shield Medex II with Blue Med Rx								
Subscriber	___	\$202.50	\$202.50	8742	___	\$202.50	\$202.50	8744
Subscriber x 2	___	\$405.00	\$405.00	8747				
Tufts Medicare Prime Supplement with PDP Plus								
Subscriber	___	\$184.50	\$184.50	8670	___	\$184.50	\$184.50	8671
Subscriber x 2	___	\$369.00	\$369.00	8672				
HMO Medi-Wrap Plans								
	EMP	TOWN		EMP	TOWN			
Blue Cross Blue Shield Manged Blue for Seniors								
Subscriber	___	\$150.30	\$225.44	8752	___	\$187.87	\$187.87	8754
Subscriber x 2	___	\$300.60	\$450.88	8757				
Medicare Advantage HMO Plans								
	EMP	TOWN		EMP	TOWN			
Fallon Medicare Plus Premier HMO								
Subscriber	___	\$78.97	\$219.03	8612	___	\$149.00	\$149.00	8622
Subscriber x 2	___	\$157.94	\$438.06	8632				
Fallon Medicare Plus Central Premier (Worcester Country) HMO								
Subscriber	___	\$60.42	\$167.58	8625	___	\$114.00	\$114.00	8627
Subscriber x 2	___	\$120.84	\$335.16	8626				
Tufts Medicare Preferred HMO								
Subscriber	___	\$86.65	\$240.35	8652	___	\$163.50	\$163.50	8654
Subscriber x 2	___	\$173.30	\$480.70	8657				
Life Insurance								
	EMP	TOWN						
Basic Life	___	\$4.24	\$4.24	8900				

I understand that if my premiums are not deducted correctly from my payroll/retirement check it is my responsibility to notify the Town Benefits Administrator, and I will be responsible for all back premiums. I also understand that the Town deducts premium one month in advance of coverage and additional premium due upon initial enrollment will also be deducted from my first payroll/retirement check.

EFFECTIVE DATE: _____

SIGNED _____

DATED _____