

TOWN OF STOW
HEALTH INSURANCE RATES EFFECTIVE 01-01-2024

***MEDICARE SUPPLEMENT PLANS
FOR RETIREES WITH MEDICARE PART A & PART B***

HEALTH PLAN NAME	Monthly Premium	Monthly Retiree Share
Fallon Medicare Plus Premier (Medicare Advantage Plan)	\$328.00 Surviving Spouse amt.	\$98.40 \$164.00
Fallon Medicare Plus Central Premier (Medicare Advantage Plan)	\$243.00 Surviving Spouse amt.	\$72.90 \$121.50
Tufts Medicare Preferred HMO (Medicare Advantage Plan)	\$377.00 Surviving Spouse amt.	\$113.10 \$188.50
Tufts Medicare Preferred Supplement with PDP Plus	\$478.00 Surviving Spouse amt.	\$143.40 \$239.00
Delta Dental		
Individual	\$51.43	\$25.72
Family	\$133.41	\$66.71

OPEN ENROLLMENT PERIOD - October 15, 2023 - NOVEMBER 30, 2023
All changes made during open enrollment will be effective January 1, 2024

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