

# 2020 Retiree Monthly Rates

**Questions? Contact: Tufts Support Services (TSS): 617-627-7000 Email: [TSS@tufts.edu](mailto:TSS@tufts.edu)**

<b>Under Age 65 - Health Plan Monthly Rates</b>			
Tufts Health Plan Options	Individual	Two-Person	Family
Quality Tiered Plan	\$1,029.65	\$2,337.05	\$2,931.48
Traditional Plan	\$1,127.61	\$2,559.36	\$3,210.33
Value Plan	\$850.74	\$1,930.99	\$2,422.13
Saver Plan	\$850.74	\$1,930.99	\$2,422.13

**2020 Health Plan Subsidy is \$160.27/month for under age 65 eligible retirees hired prior to 1/1/1994**

Subsidy is provided as a direct credit off the health plan bill you receive from EBPA

Example: Under age 65 retiree enrolled in Quality Tiered Plan with individual coverage

\$1,029.65 (monthly rate) LESS \$160.27 (monthly subsidy) = \$869.38 monthly cost billed by EBPA to retiree

**Enrollment/Billing administration by EBPA Phone: 888-232-3203 Email: [premiumcollection@ebpabenefits.com](mailto:premiumcollection@ebpabenefits.com)**

<b>Age 65 and over Health Plan</b>
<ul style="list-style-type: none"> <li>▪ <b>Health Plan enrollment through Via Benefits</b></li> <li>▪ <b>Rates are determined by your plan choice</b></li> <li>▪ <b>Retiree is billed by the health plan vendor and submits payment to health plan directly</b></li> <li>▪ <b>2020 Subsidy is \$74.00/month for Age 65 and over eligible retirees hired prior to 1/1/1994</b> <ul style="list-style-type: none"> <li>▪ Enrollment in a health plan through Via Benefits is required for subsidy eligibility</li> <li>▪ Via Benefits administers the Health Reimbursement Account (HRA) subsidy</li> </ul> </li> </ul>

**Enrollment & HRA administration by [Via Benefits](http://my.viabenefits.com/tuftsuniversity) Phone: 844-353-0772 Web: [my.viabenefits.com/tuftsuniversity](http://my.viabenefits.com/tuftsuniversity)**

<b>All Retirees Dental Plan Monthly Rates</b>			
Plan Option	Individual	Two-Person	Family
Delta Dental Premier	\$52.64	\$117.89	\$141.04

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<b>COBRA Rates - Notification packet sent by EBPA (COBRA Enrollment and Billing Administrator) to continue health, dental and vision plan coverage (if enrolled while employed) for up to 18 months. Election of health or dental coverage under COBRA forfeits current and future enrollment rights Tufts retiree health and dental plans.</b>			
Plan Option	Individual	Two-Person	Family
Quality Tiered Plan	\$777.95	\$1,765.77	\$2,214.90
Traditional Plan	\$851.98	\$1,933.74	\$2,425.58
Value Plan	\$642.78	\$1,458.97	\$1,830.05
Saver Plan	\$642.78	\$1,458.97	\$1,830.05
Dental	\$53.69	\$120.25	\$143.86
<b>Vision - no retiree plan</b>	\$5.54	\$10.44	\$15.30