

**CAPE COD MUNICIPAL HEALTH GROUP**

**PLAN DESIGN CHANGES EFFECTIVE JULY 1, 2017 \***

The 7/1/17 changes bring the CCMHG's plans closer to the level of the GIC Benchmark plan.\*

<b>Plan Design Feature</b>	<b>Current (FY17)</b>	<b>Eff. 7/1/17* (FY18)</b>
<b>Deductible</b>	\$250 Individual/ \$750 Family	\$300 Individual/ \$900 Family
<b>Outpatient Surgery co-pay</b>	\$150	\$250
<b>Specialist visit co-pay</b>	\$35	\$45
<b>Rx co-pays</b>		
Retail (30-day supply)	\$10/\$25/\$50	\$10/\$30/\$65
Mail Order (90-day supply)	\$20/\$50/\$110	\$25/\$75/\$165

\* Plan design changes apply to BCBS and HPHC HMOs and PPOs and to BCBS Master Health Plus.

These plan design changes qualify for Ch. 32B, Sections 21, 22 collective bargaining, i.e. the expedited bargaining method for plan design changes that do not exceed the cost-sharing features of the GIC's Benchmark plan.

**FY18 rates are about 1.5% to 2% lower than if the changes were not made.**