

## Cape Cod Municipal Health Group

**FY18 Rates - approved at the Board meeting of January 25, 2017**

<b>HEALTH PLANS:</b>			
<b>Standard Deductible Plans*</b>	<u>Individual</u>	<u>SP/SC</u>	<u>Family</u>
Master Health Plus	\$ 1,547.00	\$ 3,099.00	\$ 3,867.00
Blue Care Elect Preferred PPO	\$ 1,058.00	\$ 2,122.00	\$ 2,649.00
Network Blue NE HMO	\$ 809.00	\$ 1,633.00	\$ 2,173.00
Harvard Pilgrim PPO	\$ 882.00	\$ 1,764.00	\$ 2,334.00
Harvard Pilgrim HMO	\$ 804.00	\$ 1,608.00	\$ 2,150.00

*\* Deductibles are \$300 for Individual, \$600 for SPSC, and \$900 for Family.*

<b>High Deductible HSA-Qualified Plans*</b>	<u>Individual</u>	<u>SP/SC **</u>	<u>Family</u>
Blue Care Elect Preferred PPO	\$ 882.00	\$ 1,772.00	\$ 2,211.00
Network Blue NE HMO	\$ 677.00	\$ 1,368.00	\$ 1,818.00
Harvard Pilgrim PPO	\$ 698.00	\$ 1,414.00	\$ 1,878.00
Harvard Pilgrim HMO	\$ 635.00	\$ 1,286.00	\$ 1,707.00

*\* Employers must contribute 50% of the deductible to the employee's Health Savings Account (HSA). Deductibles are \$2,000 for Individual, \$4,000 for SP/SC, and \$4,000 for Family.*

*\*\* Single Parent/Single Child (SP/SC) plan design is identical to the Family plan design*

<b>DELTA DENTAL PLANS:</b>	<u>Individual</u>	<u>SP/SC</u>	<u>Family</u>
Contributory Dental	\$ 40.00	\$ 79.00	\$ 103.00
Voluntary Dental	\$ 42.00	\$ 84.00	\$ 109.00

<b>EYEMED VOLUNTARY VISION CARE PLAN:</b>	<u>Individual</u>	<u>2-Person</u>	<u>Family</u>
	\$ 7.53	\$ 14.31	\$ 21.02