

Cape Cod Municipal Health Group

FY21 Rates - approved by the Board on January 29, 2020

Rates below are the same as the FY20 rates, i.e. 0% increase across the board.

HEALTH PLANS:			
Standard Low Deductible Health Plans*	<u><i>Individual</i></u>	<u><i>SP/SC</i></u>	<u><i>Family</i></u>
Master Health Plus	\$ 1,640.00	\$ 3,285.00	\$ 4,099.00
Blue Card Elect Preferred PPO	\$ 1,121.00	\$ 2,249.00	\$ 2,808.00
Network Blue NE HMO	\$ 858.00	\$ 1,731.00	\$ 2,303.00
Harvard Pilgrim PPO	\$ 935.00	\$ 1,870.00	\$ 2,474.00
Harvard Pilgrim HMO	\$ 852.00	\$ 1,704.00	\$ 2,279.00
* Deductibles are \$300 for Individual, \$600 for SP/SC, and \$900 for Family.			

HSA- Qualified High Deductible Health Plans*	<u><i>Individual</i></u>	<u><i>SP/SC**</i></u>	<u><i>Family</i></u>
Blue Care Elect Preferred PPO (PPO "Saver")	\$ 935.00	\$ 1,878.00	\$ 2,345.00
Network Blue NE HMO (HMO "Saver")	\$ 718.00	\$ 1,450.00	\$ 1,927.00
Harvard Pilgrim HSAQ PPO	\$ 740.00	\$ 1,499.00	\$ 1,991.00
Harvard Pilgrim HSAQ HMO	\$ 672.00	\$ 1,363.00	\$ 1,810.00
* 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.			

DENTAL PLANS:	<u><i>Individual</i></u>	<u><i>SP/SC</i></u>	<u><i>Family</i></u>
Contributory - Delta PPO Plus Premier	\$ 40.00	\$ 79.00	\$ 103.00
Voluntary - Delta PPO Plus Premier	\$ 42.00	\$ 84.00	\$ 109.00

EYEMED VOLUNTARY VISION CARE PLAN:	<u><i>Individual</i></u>	<u><i>SP/SC</i></u>	<u><i>Family</i></u>
	\$ 7.53	\$ 14.31	\$ 21.02