

*Cape Cod Municipal Health Group*

**FY22 Rates - approved by the Board on February 3, 2021**

The Health and Dental plan rates below will be billed for 11 months in FY22. There will be a one-month "Premium Holiday" in either October or November (month TBD) only for the health and dental plans below.

<b>HEALTH PLANS:</b>				
<b>Standard Low Deductible Health Plans*</b>	<u>Individual</u>	<u>SP/SC</u>	<u>Family</u>	<u>% chg</u>
Master Health Plus	\$ 1,689.00	\$ 3,384.00	\$ 4,222.00	3.0%
Blue Care Elect Preferred PPO	\$ 1,155.00	\$ 2,316.00	\$ 2,892.00	3.0%
Network Blue NE HMO	\$ 884.00	\$ 1,783.00	\$ 2,372.00	3.0%
Harvard Pilgrim PPO	\$ 954.00	\$ 1,907.00	\$ 2,523.00	2.0%
Harvard Pilgrim HMO	\$ 869.00	\$ 1,738.00	\$ 2,325.00	2.0%

*\* Deductibles are \$300 for Individual, \$600 for SP/SC, and \$900 for Family.*

<b>HSA- Qualified High Deductible Health Plans*</b>	<u>Individual</u>	<u>SP/SC**</u>	<u>Family</u>	<u>% Chg.</u>
Blue Care Elect Preferred PPO (PPO "Saver")	\$ 963.00	\$ 1,934.00	\$ 2,415.00	3.0%
Network Blue NE HMO (HMO "Saver")	\$ 740.00	\$ 1,494.00	\$ 1,985.00	3.0%
Harvard Pilgrim HSAQ PPO	\$ 755.00	\$ 1,529.00	\$ 2,031.00	2.0%
Harvard Pilgrim HSAQ HMO	\$ 685.00	\$ 1,390.00	\$ 1,846.00	2.0%

*\* 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>DENTAL PLANS:</b>	<u>Individual</u>	<u>SP/SC</u>	<u>Family</u>	<u>% Chg.</u>
Contributory - Delta PPO Plus Premier	\$ 40.00	\$ 79.00	\$ 103.00	0.0%
Voluntary - Delta PPO Plus Premier	\$ 42.00	\$ 84.00	\$ 109.00	0.0%

<b>EYEMED VOLUNTARY VISION CARE PLAN:</b>	<u>Individual</u>	<u>SP/SC</u>	<u>Family</u>	<u>% Chg.</u>
	\$ 7.53	\$ 14.31	\$ 21.02	0.0%