

## Cape Cod Municipal Health Group (CCMHG)

**FY23 Rates** - approved by the Board on February 2, 2022

Corrected on 2/7/2022

<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	\$ 1,740.00	\$ 3,486.00	\$ 4,349.00	3.0%
Blue Care Elect Preferred PPO	\$ 1,190.00	\$ 2,385.00	\$ 2,979.00	3.0%
Network Blue NE HMO	\$ 911.00	\$ 1,836.00	\$ 2,443.00	3.0%
Harvard Pilgrim PPO	\$ 983.00	\$ 1,964.00	\$ 2,599.00	3.0%
Harvard Pilgrim HMO	\$ 895.00	\$ 1,790.00	\$ 2,395.00	3.0%

\* 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")	\$ 992.00	\$ 1,992.00	\$ 2,487.00	3.0%
Network Blue NE HMO (HMO "Saver")	\$ 762.00	\$ 1,539.00	\$ 2,045.00	3.0%
Harvard Pilgrim HSAQ PPO	\$ 778.00	\$ 1,575.00	\$ 2,092.00	3.0%
Harvard Pilgrim HSAQ HMO	\$ 706.00	\$ 1,432.00	\$ 1,901.00	3.0%

\* 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%