

Cape Cod Municipal Health Group (CCMHG)

FY24 Rates - approved by the Board on February 8, 2023

HEALTH PLANS:				
Standard Low Deductible Health Plans*	<u>Individual</u>	<u>SP/SC</u>	<u>Family</u>	<u>% chg</u>
Master Health Plus	\$ 1,827.00	\$ 3,660.00	\$ 4,566.00	5.0%
Blue Care Elect Preferred PPO	\$ 1,238.00	\$ 2,480.00	\$ 3,098.00	4.0%
Network Blue NE HMO	\$ 947.00	\$ 1,909.00	\$ 2,541.00	4.0%
Harvard Pilgrim PPO	\$ 1,022.00	\$ 2,043.00	\$ 2,703.00	4.0%
Harvard Pilgrim HMO	\$ 931.00	\$ 1,862.00	\$ 2,491.00	4.0%

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

HSA- Qualified High Deductible Health Plans*	<u>Individual</u>	<u>SP/SC**</u>	<u>Family</u>	<u>% Chg.</u>
Blue Care Elect Preferred PPO (PPO "Saver")	\$ 1,012.00	\$ 2,032.00	\$ 2,537.00	2.0%
Network Blue NE HMO (HMO "Saver")	\$ 777.00	\$ 1,570.00	\$ 2,086.00	2.0%
Harvard Pilgrim HSAQ PPO	\$ 794.00	\$ 1,607.00	\$ 2,134.00	2.0%
Harvard Pilgrim HSAQ HMO	\$ 720.00	\$ 1,461.00	\$ 1,939.00	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.*

DENTAL PLANS:	<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%

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