

Cape Cod Municipal Health Group (CCMHG)

FY25 Rates - approved by the Board on February 7, 2024

HEALTH PLANS:				
Standard Low Deductible Health Plans*	<u>Individual</u>	<u>SP/SC</u>	<u>Family</u>	<u>% chg</u>
Master Health Plus	\$ 2,046.00	\$ 4,099.00	\$ 5,114.00	12.0%
Blue Care Elect Preferred PPO	\$ 1,337.00	\$ 2,678.00	\$ 3,346.00	8.0%
Network Blue NE HMO	\$ 1,023.00	\$ 2,062.00	\$ 2,744.00	8.0%
Harvard Pilgrim PPO	\$ 1,104.00	\$ 2,206.00	\$ 2,919.00	8.0%
Harvard Pilgrim HMO	\$ 1,005.00	\$ 2,011.00	\$ 2,690.00	8.0%
<i>* Deductibles are \$300 for Individual, \$600 for SP/SC, and \$900 for Family.</i>				

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")	\$ 1,093.00	\$ 2,195.00	\$ 2,740.00	8.0%
Network Blue NE HMO (HMO "Saver")	\$ 839.00	\$ 1,696.00	\$ 2,253.00	8.0%
Harvard Pilgrim HSAQ PPO	\$ 858.00	\$ 1,736.00	\$ 2,305.00	8.0%
Harvard Pilgrim HSAQ HMO	\$ 778.00	\$ 1,578.00	\$ 2,094.00	8.0%
<i>* 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.</i>				
<i>** Single Parent/Single Child (SP/SC) plan design is identical to the Family plan design.</i>				

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%