

## Cape Cod Municipal Health Group (CCMHG)

**FY26 Rates** - approved by the Board on February 5, 2025

<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	\$ 2,179.00	\$ 4,365.00	\$ 5,446.00	6.5%
Blue Care Elect Preferred PPO	\$ 1,424.00	\$ 2,852.00	\$ 3,563.00	6.5%
Network Blue NE HMO	\$ 1,089.00	\$ 2,196.00	\$ 2,922.00	6.5%
Harvard Pilgrim PPO	\$ 1,176.00	\$ 2,349.00	\$ 3,109.00	6.5%
Harvard Pilgrim HMO	\$ 1,070.00	\$ 2,142.00	\$ 2,865.00	6.5%
<i>* Deductibles are \$300 for Individual, \$600 for SP/SC, and \$900 for Family.</i>				

<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")	\$ 1,164.00	\$ 2,338.00	\$ 2,918.00	6.5%
Network Blue NE HMO (HMO "Saver")	\$ 894.00	\$ 1,806.00	\$ 2,399.00	6.5%
Harvard Pilgrim HSAQ PPO	\$ 914.00	\$ 1,849.00	\$ 2,455.00	6.5%
Harvard Pilgrim HSAQ HMO	\$ 829.00	\$ 1,681.00	\$ 2,230.00	6.5%
<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>				

<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>Single +1</u>	<u>Family</u>	<u>% Chg.</u>
	\$ 7.53	\$ 14.31	\$ 21.02	0.0%