

Cape Cod Municipal Health Group (CCMHG)

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

HEALTH PLANS:					
Standard Low Deductible Health Plans*	<i>Individual</i>	<i>SP/SC</i>	<i>Family</i>	<i>% chg</i>	
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%	

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

HSA- Qualified High Deductible Health Plans*	<i>Individual</i>	<i>SP/SC**</i>	<i>Family</i>	<i>% Chg.</i>
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%

* 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:	<i>Individual</i>	<i>SP/SC</i>	<i>Family</i>	<i>% Chg.</i>
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:	<i>Individual</i>	<i>Single +1</i>	<i>Family</i>	<i>% Chg.</i>
	\$ 7.53	\$ 14.31	\$ 21.02	0.0%