





Cape Cod Municipal Health Group (CCMHG)


FY2025 Rates—approved 2/7/2024—effective 7/1/2024


EMPLOYEE BI-WEEKLY CONTRIBUTION

<i>Health Plans</i>		<u><i>Individual</i></u>	<u><i>SP/SC</i></u>	<u><i>Family</i></u>
	Blue Care Elect Preferred PPO	\$167.13	\$334.75	\$418.25
	Network Blue NE HMO	\$127.88	\$257.75	\$343.00
	Harvard Pilgrim PPO	\$138.00	\$275.75	\$364.88
	Harvard Pilgrim HMO	\$125.63	\$251.38	\$336.25

<i>Health Savings Account (HSA) Qualified High Deductible Health Plans</i>		<u><i>Individual</i></u>	<u><i>SP/SC</i></u>	<u><i>Family</i></u>
	Blue Care Elect Preferred PPO (PPO “Saver”)	\$136.63	\$274.38	\$342.50
	Access Blue NE HMO (HMO “Saver”)	\$104.88	\$212.00	\$281.63
	Harvard Pilgrim HSAQ PPO	\$107.25	\$217.00	\$288.13
	Harvard Pilgrim HSAQ HMO	\$97.25	\$197.25	\$261.75

EMPLOYEE MONTHLY CONTRIBUTION

<i>Dental Plans (Voluntary)</i>		<u><i>Individual</i></u>	<u><i>SP/SC</i></u>	<u><i>Family</i></u>
	Delta PPO Plus Premier	\$42.00	\$84.00	\$109.00

<i>Vision Plans (Voluntary)</i>		<u><i>Individual</i></u>	<u><i>SP/SC</i></u>	<u><i>Family</i></u>
	EyeMed Vision Care	\$7.53	\$14.31	\$21.02