

Cape Cod Municipal Health Group

Employee portion of the monthly rates effective

July 1, 2023-June 30, 2024

Health Plans	Individual	Single Parent/ Single Child	Family
Standard Plans:			
Blue Care Elect PPO	\$309.50	\$620.00	\$774.50
Network Blue HMO	\$236.75	\$477.25	\$635.25
Harvard Pilgrim PPO	\$255.50	\$510.75	\$675.75
Harvard Pilgrim HMO	\$232.75	\$465.50	\$622.75
High Deductible (HSA) Plans:			
Blue Care Elect PPO "Saver"	\$253.00	\$508.00	\$634.25
Network Blue HMO "Saver"	\$194.25	\$392.50	\$521.50
Harvard Pilgrim PPO "HSAQ"	\$198.50	\$401.75	\$533.50
Harvard Pilgrim HMO "HSAQ"	\$180.00	\$365.25	\$484.75
<i>Employers must contribute 50% of the deductible to the employee's Health Savings Account (HSA). Deductibles are \$2,000 for Individual Plan, \$4,000 for SP/SC Plan, and \$4,000 for Family Plan. Single Parent/Single Child (SP/SC) plan design is identical to the Family plan design.</i>			
Delta Dental	\$42.00	\$84.00	\$109.00
EyeMed	\$7.53	\$14.31	\$21.02