

Cape Cod Municipal Health Group

Employee portion of the monthly rates effective

July 1, 2024-June 30, 2025

Health Plans	Individual	Single Parent/ Single Child	Family
Standard Plans:			
Blue Care Elect PPO	\$334.25	\$669.50	\$836.50
Network Blue HMO	\$255.75	\$515.50	\$686.00
Harvard Pilgrim PPO	\$276.00	\$551.50	\$729.75
Harvard Pilgrim HMO	\$251.25	\$502.75	\$672.50
High Deductible (HSA) Plans:			
Blue Care Elect PPO "Saver"	\$273.25	\$548.75	\$685.00
Network Blue HMO "Saver"	\$209.75	\$424.00	\$563.25
Harvard Pilgrim PPO "HSAQ"	\$214.50	\$434.00	\$576.25
Harvard Pilgrim HMO "HSAQ"	\$194.50	\$394.50	\$523.50
<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