

FY 2021 Health/Dental Insurance Rates

Standard Deductible Plans*	FY 21 Rates		
	Individual	S.Parent/S.Child	Family
Blue Cross/Blue Shield PPO	1,121.00	2,249.00	2,808.00
<b>Employee Contribution</b>	<b>392.35</b>	<b>787.15</b>	<b>982.80</b>
<b>Per pay period deduction pre tax</b>	<b>196.18</b>	<b>393.58</b>	<b>491.40</b>
Blue Cross/Blue Shield HMO Blue	858.00	1,731.00	2,303.00
<b>Employee Contribution</b>	<b>300.30</b>	<b>605.85</b>	<b>806.05</b>
<b>Per pay period deduction pre tax</b>	<b>150.15</b>	<b>302.93</b>	<b>403.03</b>
Harvard Pilgrim PPO	935.00	1,870.00	2,474.00
<b>Employee Contribution</b>	<b>327.25</b>	<b>654.50</b>	<b>865.90</b>
<b>Per pay period deduction pre tax</b>	<b>163.63</b>	<b>327.25</b>	<b>432.95</b>
Harvard Pilgrim HMO/EPO	852.00	1,704.00	2,279.00
<b>Employee Contribution</b>	<b>298.20</b>	<b>596.40</b>	<b>797.65</b>
<b>Per pay period deduction pre tax</b>	<b>149.10</b>	<b>298.20</b>	<b>398.83</b>
Dental Dent	per month 42.00	84.00	109.00
Eye Med	per month 7.53	14.31	21.02

\* Deductibles are \$300 for Individual, \$600 for SPSC, and \$900 for Family.

High Deductible HAS-Qualified Plans*	FY 21 Rates		
	Individual	S.Parent/S.Child	Family
Blue Cross/Blue Shield PPO	935.00	1,878.00	2,345.00
<b>Employee Contribution</b>	<b>327.25</b>	<b>657.30</b>	<b>820.75</b>
<b>Per pay period deduction pre tax</b>	<b>163.63</b>	<b>328.65</b>	<b>410.38</b>
Blue Cross/Blue Shield HMO Blue	718.00	1,450.00	1,927.00
<b>Employee Contribution</b>	<b>251.30</b>	<b>507.50</b>	<b>674.45</b>
<b>Per pay period deduction pre tax</b>	<b>125.65</b>	<b>253.75</b>	<b>337.23</b>
Harvard Pilgrim PPO	740.00	1,499.00	1,991.00
<b>Employee Contribution</b>	<b>259.00</b>	<b>524.65</b>	<b>696.85</b>
<b>Per pay period deduction pre tax</b>	<b>129.50</b>	<b>262.33</b>	<b>348.43</b>
Harvard Pilgrim HMO/EPO	672.00	1,363.00	1,810.00
<b>Employee Contribution</b>	<b>235.20</b>	<b>477.05</b>	<b>633.50</b>
<b>Per pay period deduction pre tax</b>	<b>117.60</b>	<b>238.53</b>	<b>316.75</b>

\*Employers must contribute 50% of the deductible to the employees Health Savings Account (HSA)

Deductibles are \$2,000 for Individuals, \$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.

The above rates are per month, the employee contribution is stated by month then pay period.  
The payroll deductions are made for 24 pay periods per year.

Comparison information on the above plans is available through  
Cape Cod Municipal Health Group's website: [ccmhg.com](http://ccmhg.com)