

ACTIVE EMPLOYEE PLAN RATES effective 7/1/24				Employee Contribution WEEKLY @ 30%				Employee Contribution MONTHLY @ 30%		Total Premium MONTHLY @ 100%	
Health Plan	High Deductible Group	Standard Deductible Group	Type of Coverage	Munis Code	High Deductible	Munis Code	Standard Deductible	High Deductible	Standard Deductible	High Deductible	Standard Deductible
BCBS PPO	00-2360787	00-2345180	Family	2401	\$ 205.50	2408	\$ 250.95	\$ 822.00	\$ 1,003.80	\$ 2,740.00	\$ 3,346.00
			Individual	2401	\$ 81.98	2408	\$ 100.28	\$ 327.90	\$ 401.10	\$ 1,093.00	\$ 1,337.00
			Parent/Child	2401	\$ 164.63	2408	\$ 200.85	\$ 658.50	\$ 803.40	\$ 2,195.00	\$ 2,678.00
BCBS HMO	00-2360788	00-4054979	Family	2401	\$ 168.98	2408	\$ 205.80	\$ 675.90	\$ 823.20	\$ 2,253.00	\$ 2,744.00
			Individual	2401	\$ 62.93	2408	\$ 76.73	\$ 251.70	\$ 306.90	\$ 839.00	\$ 1,023.00
			Parent/Child	2401	\$ 127.20	2408	\$ 154.65	\$ 508.80	\$ 618.60	\$ 1,696.00	\$ 2,062.00
HPHC PPO	18984-0003	028865-0000	Family	2402	\$ 172.88	2409	\$ 218.93	\$ 691.50	\$ 875.70	\$ 2,305.00	\$ 2,919.00
			Individual	2402	\$ 64.35	2409	\$ 82.80	\$ 257.40	\$ 331.20	\$ 858.00	\$ 1,104.00
			Parent/Child	2402	\$ 130.20	2409	\$ 165.45	\$ 520.80	\$ 661.80	\$ 1,736.00	\$ 2,206.00
HPHC HMO	18983-0003	033301-0000	Family	2402	\$ 157.05	2409	\$ 201.75	\$ 628.20	\$ 807.00	\$ 2,094.00	\$ 2,690.00
			Individual	2402	\$ 58.35	2409	\$ 75.38	\$ 233.40	\$ 301.50	\$ 778.00	\$ 1,005.00
			Parent/Child	2402	\$ 118.35	2409	\$ 150.83	\$ 473.40	\$ 603.30	\$ 1,578.00	\$ 2,011.00

MEDICARE PLAN RATES effective 1/1/24		Type of Coverage	Type of Plan	Retiree Contribution MONTHLY @ 50%	Survivor Contribution MONTHLY @ 100%
Tufts Medicare Preferred HMO	1267	Individual	Medicare Advantage Plan	\$ 188.50	\$ 377.00
Tufts Medicare Prime Supplement + PDP	1867S	Individual	Freedom to Choose Plan	\$ 238.00	\$ 476.00
BCBS Medex 2 + Blue Medicare Rx	50-0180390	Individual	Freedom to Choose Plan	\$ 202.00	\$ 404.00
BCBS Medicare HMO Blue	00-4043308	Individual	Medicare Advantage Plan	\$ 205.02	\$ 410.03
BCBS Managed Blue + Blue Medicare Rx	4035705	Individual	HMO Medigap Plan	\$ 197.84	\$ 395.67
HPHC Medicare Enhance + Aetna Rx by Silverscript	39000-0000	Individual	Freedom to Choose Plan	\$ 198.00	\$ 396.00

DENTAL PLAN RATES effective 7/1/24			Munis Code	Employee Contribution WEEKLY @ 100%	MONTHLY @ 100%	COBRA @ 102%
Premier Table Plan	0950-6003	Family	2552	\$ 19.75	\$ 79.00	\$ 80.58
COBRA Group	0950-6004	Individual	2551	\$ 8.00	\$ 32.00	\$ 32.64
PPO Plus w/Ortho	0958-9014	Family	2572	\$ 37.57	\$ 150.27	\$ 153.28
COBRA Group	0958-9015	Individual	2571	\$ 13.27	\$ 53.08	\$ 54.14

Summaries of benefits and coverage and plan comparisons can be found online at www.ccmhg.com