

TOWN OF BARNSTABLE

SCHOOL

FY24

HEALTH PLAN RATES eff 7/1/23				Employee Contribution BIWEEKLY 20 deductions (10 months) @ 50%				Employee Contribution BIWEEKLY 24 deductions (12 months) @ 50%				Employee Contribution MONTHLY @ 50%		Total Premium MONTHLY @ 100%	
Health Plan	High Deductible Group	Standard Deductible Group	Type of Coverage	Munis Code	High Deductible	Munis Code	Standard Deductible	Munis Code	High Deductible	Munis Code	Standard Deductible	High Deductible	Standard Deductible	High Deductible	Standard Deductible
BCBS MH+		00-0180279	Family			2413	\$ 1,369.80			2408	\$ 1,141.50		\$ 2,283.00		\$ 4,566.00
Closed to new enrollments			Individual			2413	\$ 548.10			2408	\$ 456.75		\$ 913.50		\$ 1,827.00
TEFRA		00-2259117	Parent/Child			2413	\$ 1,098.00			2408	\$ 915.00		\$ 1,830.00		\$ 3,660.00
BCBS			Family	2421	\$ 761.10	2413	\$ 929.40	2401	\$ 634.25	2408	\$ 774.50	\$ 1,268.50	\$ 1,549.00	\$ 2,537.00	\$ 3,098.00
PPO	00-2360785	00-2345226	Individual	2421	\$ 303.60	2413	\$ 371.40	2401	\$ 253.00	2408	\$ 309.50	\$ 506.00	\$ 619.00	\$ 1,012.00	\$ 1,238.00
			Parent/Child	2421	\$ 609.60	2413	\$ 744.00	2401	\$ 508.00	2408	\$ 620.00	\$ 1,016.00	\$ 1,240.00	\$ 2,032.00	\$ 2,480.00
BCBS			Family	2421	\$ 625.80	2413	\$ 762.30	2401	\$ 521.50	2408	\$ 635.25	\$ 1,043.00	\$ 1,270.50	\$ 2,086.00	\$ 2,541.00
HMO	00-2360786	00-4055025	Individual	2421	\$ 233.10	2413	\$ 284.10	2401	\$ 194.25	2408	\$ 236.75	\$ 388.50	\$ 473.50	\$ 777.00	\$ 947.00
			Parent/Child	2421	\$ 471.00	2413	\$ 572.70	2401	\$ 392.50	2408	\$ 477.25	\$ 785.00	\$ 954.50	\$ 1,570.00	\$ 1,909.00
			Family	2422	\$ 640.20	2414	\$ 810.90	2402	\$ 533.50	2409	\$ 675.75	\$ 1,067.00	\$ 1,351.50	\$ 2,134.00	\$ 2,703.00
HPHC PPO	18984-0004	028865-0046	Individual	2422	\$ 238.20	2414	\$ 306.60	2402	\$ 198.50	2409	\$ 255.50	\$ 397.00	\$ 511.00	\$ 794.00	\$ 1,022.00
			Parent/Child	2422	\$ 482.10	2414	\$ 612.90	2402	\$ 401.75	2409	\$ 510.75	\$ 803.50	\$ 1,021.50	\$ 1,607.00	\$ 2,043.00
			Family	2422	\$ 581.70	2414	\$ 747.30	2402	\$ 484.75	2409	\$ 622.75	\$ 969.50	\$ 1,245.50	\$ 1,939.00	\$ 2,491.00
HPHC HMO	18983-0004	033301-0026	Individual	2422	\$ 216.00	2414	\$ 279.30	2402	\$ 180.00	2409	\$ 232.75	\$ 360.00	\$ 465.50	\$ 720.00	\$ 931.00
			Parent/Child	2422	\$ 438.30	2414	\$ 558.60	2402	\$ 365.25	2409	\$ 465.50	\$ 730.50	\$ 931.00	\$ 1,461.00	\$ 1,862.00

DENTAL PLAN RATES eff 7/1/23		Type of Coverage	Munis Code	Employee Contribution BIWEEKLY 20 deductions (10 months) @ 100%	Munis Code	Employee Contribution BIWEEKLY 24 deductions (12 months) @ 100%	MONTHLY @ 100%	COBRA @ 102%
PREMIER TABLE	0950-6003	Family	2562	\$ 47.40	2560	\$ 39.50	\$ 79.00	\$ 80.58
COBRA Group	0950-6004	Individual	2563	\$ 19.20	2561	\$ 16.00	\$ 32.00	\$ 32.64
PPO Plus w/Ortho	0958-9014	Family	2582	\$ 90.16	2580	\$ 75.14	\$ 150.27	\$ 153.28
COBRA Group	0958-9015	Individual	2583	\$ 31.85	2581	\$ 26.54	\$ 53.08	\$ 54.14

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