

ACTIVE EMPLOYEE PLAN RATES effective 7/1/23				Employee Contribution WEEKLY @ 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	High Deductible	Standard Deductible	High Deductible	Standard Deductible
BCBS PPO	00-2360787	00-2345180	Family	2401	\$ 317.13	2408	\$ 387.25	\$ 1,268.50	\$ 1,549.00	\$ 2,537.00	\$ 3,098.00
			Individual	2401	\$ 126.50	2408	\$ 154.75	\$ 506.00	\$ 619.00	\$ 1,012.00	\$ 1,238.00
			Parent/Child	2401	\$ 254.00	2408	\$ 310.00	\$ 1,016.00	\$ 1,240.00	\$ 2,032.00	\$ 2,480.00
BCBS HMO	00-2360788	00-4054979	Family	2401	\$ 260.75	2408	\$ 317.63	\$ 1,043.00	\$ 1,270.50	\$ 2,086.00	\$ 2,541.00
			Individual	2401	\$ 97.13	2408	\$ 118.38	\$ 388.50	\$ 473.50	\$ 777.00	\$ 947.00
			Parent/Child	2401	\$ 196.25	2408	\$ 238.63	\$ 785.00	\$ 954.50	\$ 1,570.00	\$ 1,909.00
HPHC PPO	18984-0003	028865-0000	Family	2402	\$ 266.75	2409	\$ 337.88	\$ 1,067.00	\$ 1,351.50	\$ 2,134.00	\$ 2,703.00
			Individual	2402	\$ 99.25	2409	\$ 127.75	\$ 397.00	\$ 511.00	\$ 794.00	\$ 1,022.00
			Parent/Child	2402	\$ 200.88	2409	\$ 255.38	\$ 803.50	\$ 1,021.50	\$ 1,607.00	\$ 2,043.00
HPHC HMO	18983-0003	033301-0000	Family	2402	\$ 242.38	2409	\$ 311.38	\$ 969.50	\$ 1,245.50	\$ 1,939.00	\$ 2,491.00
			Individual	2402	\$ 90.00	2409	\$ 116.38	\$ 360.00	\$ 465.50	\$ 720.00	\$ 931.00
			Parent/Child	2402	\$ 182.63	2409	\$ 232.75	\$ 730.50	\$ 931.00	\$ 1,461.00	\$ 1,862.00

MEDICARE PLAN RATES effective 1/1/23		Type of Coverage	Type of Plan	Retiree Contribution MONTHLY @ 50%	Survivor Contribution MONTHLY @ 100%
Tufts Medicare Preferred HMO	1267	Individual	Medicare Advantage Plan	\$ 185.50	\$ 371.00
Tufts Medicare Prime Supplement + PDP	1867S	Individual	Freedom to Choose Plan	\$ 230.00	\$ 460.00
BCBS Medex 2 + Blue Medicare Rx	50-0180390	Individual	Freedom to Choose Plan	\$ 190.00	\$ 380.00
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	\$ 188.82	\$ 377.64
HPHC Medicare Enhance + Aetna Rx by Silverscript	39000-0000	Individual	Freedom to Choose Plan	\$ 190.00	\$ 380.00

DENTAL PLAN RATES effective 7/1/23			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