

ACTIVE EMPLOYEE PLANS effective 7/1/21				WEEKLY @ 50%			MONTHLY @ 50%		MONTHLY @ 100%		
Health Plan	High Deductible Group	Standard Group	Type of Coverage	Munis Code	High Deductible	Munis Code	Standard	High Deductible	Standard	High Deductible	Standard
BCBS MH+		00-0180279	FAM			2408	\$ 527.75		\$ 2,111.00		\$ 4,222.00
			IND			2408	\$ 211.13		\$ 844.50		\$ 1,689.00
TEFRA 00-2259117		00-2259117	P/C			2408	\$ 423.00		\$ 1,692.00		\$ 3,384.00
BCBS PPO	00-2360787	00-2345180	FAM	2401	\$ 301.88	2408	\$ 361.50	\$ 1,207.50	\$ 1,446.00	\$ 2,415.00	\$ 2,892.00
			IND	2401	\$ 120.38	2408	\$ 143.88	\$ 481.50	\$ 575.50	\$ 963.00	\$ 1,151.00
			P/C	2401	\$ 241.75	2408	\$ 289.50	\$ 967.00	\$ 1,158.00	\$ 1,934.00	\$ 2,316.00
BCBS HMO	00-2360788	00-4054979	FAM	2401	\$ 248.13	2408	\$ 296.50	\$ 992.50	\$ 1,186.00	\$ 1,985.00	\$ 2,372.00
			IND	2401	\$ 92.50	2408	\$ 110.50	\$ 370.00	\$ 442.00	\$ 740.00	\$ 884.00
			P/C	2401	\$ 186.75	2408	\$ 222.88	\$ 747.00	\$ 891.50	\$ 1,494.00	\$ 1,783.00
HPHC PPO	18984-0003	028865-0000	FAM	2402	\$ 253.88	2409	\$ 315.38	\$ 1,015.50	\$ 1,261.50	\$ 2,031.00	\$ 2,523.00
			IND	2402	\$ 94.38	2409	\$ 119.25	\$ 377.50	\$ 477.00	\$ 755.00	\$ 954.00
			P/C	2402	\$ 191.13	2409	\$ 238.38	\$ 764.50	\$ 953.50	\$ 1,529.00	\$ 1,907.00
HPHC HMO	18983-0003	033301-0000	FAM	2402	\$ 230.75	2409	\$ 290.63	\$ 923.00	\$ 1,162.50	\$ 1,846.00	\$ 2,325.00
			IND	2402	\$ 85.63	2409	\$ 108.63	\$ 342.50	\$ 434.50	\$ 685.00	\$ 869.00
			P/C	2402	\$ 173.75	2409	\$ 217.25	\$ 695.00	\$ 869.00	\$ 1,390.00	\$ 1,738.00

MEDICARE PLANS effective 1/1/21			Type of Coverage		MONTHLY @ 50%		MONTHLY @ 100%	
Tufts Medicare Preferred HMO	1267	IND		Medicare Advantage Plan		\$ 170.50		\$ 341.00
Tufts Medicare Prime Supplement + PDP	1867S	IND		Freedom to Choose Plan		\$ 214.00		\$ 428.00
BCBS Medex 2 + Blue Medicare Rx	50-0180390	IND		Freedom to Choose Plan		\$ 188.00		\$ 376.00
BCBS Medicare HMO Blue	00-4043308	IND		Medicare Advantage Plan		\$ 205.02		\$ 410.03
BCBS Managed Blue + Blue Medicare Rx	4035705	IND		HMO Medigap Plan		\$ 188.00		\$ 376.00
HPHC Medicare Enhance + Aetna Rx by Silverscript	39000-0000	IND		Freedom to Choose Plan		\$ 187.00		\$ 374.00

DELTA DENTAL PLANS effective 7/1/21			Munis Code	WEEKLY @ 100%			MONTHLY @ 100%	COBRA @ 102%
Premier Table Plan	0950-6003	FAM	2552	\$	19.75		\$ 79.00	\$ 80.58
COBRA Group	0950-6004	IND	2551	\$	8.00		\$ 32.00	\$ 32.64
PPO Plus w/Ortho	0958-9014	FAM	2572	\$	37.57		\$ 150.27	\$ 153.28
COBRA Group	0958-9015	IND	2571	\$	13.27		\$ 53.08	\$ 54.14

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