MAYFLOWER MUNICIPAL HEALTH GROUP MONTHLY RATE HISTORY

FISCAL YEAR	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023
BCBS MASTER HEALTH IND.	*$1,070.00*	*$1,605.00*	*NO LONGER OFFERED AS OF FY11*												
BCBS MASTER HEALTH FAM.	*$2,550.00*	*$3,825.00*													
BCBS NETWORK BLUE HMO TRADITIONAL IND	$ 517.00	$ 535.80	$ 593.00	$ 635.00	$ 635.00	$ 635.00	$ 635.00	$ 648.00	$ 745.00	$ 865.00	$ 921.00	$ 935.00	$ 954.00	$ 975.00	$1,005.00
BCBS NETWORK BLUE HMO TRADITIONAL FAM	$1,382.00	$1,431.62	$1,582.00	$1,693.00	$1,693.00	$1,693.00	$ 1,693.00	$1,727.00	$1,986.00	$ 2,304.00	$2,454.00	$2,491.00	$2,541.00	$2,598.00	$2,676.00
BCBS NETWORK BLUE NE HMO RATE SAVER IND	N/A	$ 510.42	$ 565.00	$ 593.00	$ 607.00	$ 607.00	$ 607.00	$ 619.00	$ 712.00	$ 794.00	$ 830.00	$ 842.00	$ 859.00	$ 878.00	$ 905.00
BCBS NETWORK BLUE NE HMO RATE SAVER FAM	N/A	$1,363.94	$1,508.00	$1,582.00	$1,618.00	$1,618.00	$ 1,618.00	$1,650.00	$1,898.00	$ 2,117.00	$2,212.00	$2,245.00	$2,290.00	$2,342.00	$2,412.00
BCBS NETWORK BLUE NE HMO BENCHMARK IND	N/A	N/A	N/A	N/A	$ 581.00	$ 581.00	$ 581.00	$ 593.00	$ 682.00	$ 733.00	$ 766.00	$ 777.00	$ 793.00	$ 811.00	$ 835.00
BCBS NETWORK BLUE NE HMO BENCHMARK FAM	N/A	N/A	N/A	N/A	$1,549.00	$1,549.00	$ 1,549.00	$1,580.00	$1,817.00	$ 1,951.00	$2,039.00	$2,070.00	$2,111.00	$2,158.00	$2,223.00
BCBS NETWORK BLUE NE HMO HDHP IND	NEW FY20 OFFERING -QUALIFIED HIGH DEDUCTIBLE HEALTH PLAN WITH HEALTH SAVINGS ACCOUNT											$ 675.00	$ 689.00	$ 705.00	$ 726.00
BCBS NETWORK BLUE NE HMO HDHP FAM												$1,800.00	$1,836.00	$1,877.00	$1,934.00
BCBS BLUE CARE PPO TRADITIONAL IND	$ 712.00	$ 762.00	$ 842.00	$ 901.00	$ 901.00	$ 901.00	$ 901.00	$ 919.00	$1,057.00	$ 1,227.00	$1,307.00	$1,327.00	$1,353.00	$1,383.00	$1,424.00
BCBS BLUE CARE PPO TRADITIONAL FAM	$1,688.00	$1,806.00	$1,996.00	$2,136.00	$2,136.00	$2,136.00	$ 2,136.00	$2,179.00	$2,506.00	$ 2,907.00	$3,096.00	$3,142.00	$3,205.00	$3,277.00	$3,375.00
BCBS BLUE CARE ELECT PPO RATE SAVER IND	N/A	N/A	N/A	N/A	$ 883.00	$ 883.00	$ 883.00	$ 901.00	$1,036.00	$ 1,156.00	$1,208.00	$1,226.00	$1,251.00	$1,279.00	$1,317.00
BCBS BLUE CARE ELECT PPO RATE SAVER FAM	N/A	N/A	N/A	N/A	$2,094.00	$2,094.00	$ 2,094.00	$2,136.00	$2,456.00	$ 2,739.00	$2,862.00	$2,905.00	$2,963.00	$3,030.00	$3,121.00
BCBS BLUE CARE ELECT PPO BENCHMARK IND	N/A	N/A	N/A	N/A	$ 824.00	$ 824.00	$ 824.00	$ 840.00	$ 966.00	$ 1,038.00	$1,085.00	$1,101.00	$1,123.00	$1,148.00	$1,182.00
BCBS BLUE CARE ELECT PPO BENCHMARK FAM	N/A	N/A	N/A	N/A	$1,954.00	$1,954.00	$ 1,954.00	$1,993.00	$2,292.00	$ 2,461.00	$2,572.00	$2,611.00	$2,663.00	$2,723.00	$2,805.00
BCBS BLUE CARE ELECT PPO HDHP IND	NEW FY20 OFFERING -QUALIFIED HIGH DEDUCTIBLE HEALTH PLAN WITH HEALTH SAVINGS ACCOUNT											$ 975.00	$ 995.00	$1,017.00	$1,048.00
BCBS BLUE CARE ELECT PPO HDHP FAM												$2,535.00	$2,586.00	$2,644.00	$2,723.00
BCBS CARVE-OUT A	*$ 483.00*	*$ 580.00*	*$ 641.00*	*$ 718.00*	*N/A*	*N/A*	*N/A*	*N/A*	*N/A*	*N/A*	*N/A*	*N/A*	*N/A*	*N/A*	*N/A*
BCBS CARVE-OUT A & B	*$ 408.00*	*$ 490.00*	*N/A*	*N/A*	*N/A*	*N/A*	*N/A*	*N/A*	*N/A*	*N/A*	*N/A*	*N/A*	*N/A*	*N/A*	*N/A*
BCBS MEDEX III	$ 354.00	$ 378.00	$ 418.00	$ 439.00	$ 439.00	$ 410.00	$ 410.00	$ 380.00	$ 437.00	*$374.00	$374/$378	$378/$378	$378/$378	$378/$378	$378/$378
HPHC MEDICARE ENHANCE	*$ 443.00*	*$ 470.00*	*$ 520.00*	*$ 546.00*	*$ 546.00*	*$ 439.00*	*$ 439.00*	*$ 420.00*	*$ 483.00*	*N/A*	*N/A*	*N/A*	*N/A*	*N/A*	*N/A*
HARVARD PILGRIM HMO TRADITIONAL IND	$ 516.00	$ 567.76	$ 628.00	$ 672.00	$ 672.00	$ 672.00	$ 672.00	$ 699.00	$ 804.00	$ 933.00	$ 997.00	$1,012.00	$1,032.00	$1,055.00	$1,087.00
HARVARD PILGRIM HMO TRADITIONAL FAM	$1,376.00	$1,513.40	$1,673.00	$1,790.00	$1,790.00	$1,790.00	$ 1,790.00	$1,862.00	$2,141.00	$ 2,484.00	$2,655.00	$2,695.00	$2,749.00	$2,811.00	$2,895.00
HARVARD PILGRIM HMO RATE SAVER IND.	N/A	$ 537.68	$ 595.00	$ 625.00	$ 642.00	$ 642.00	$ 642.00	$ 668.00	$ 768.00	$ 857.00	$ 899.00	$ 912.00	$ 931.00	$ 952.00	$ 981.00
HARVARD PILGRIM HMO RATE SAVER FAM.	N/A	$1,434.44	$1,586.00	$1,665.00	$1,710.00	$1,710.00	$ 1,710.00	$1,778.00	$2,045.00	$ 2,281.00	$2,393.00	$2,429.00	$2,477.00	$2,533.00	$2,609.00
HARVARD PILGRIM HMO BENCHMARK IND.	N/A	N/A	N/A	N/A	$ 615.00	$ 615.00	$ 615.00	$ 640.00	$ 736.00	$ 807.00	$ 847.00	$ 860.00	$ 877.00	$ 897.00	$ 924.00
HARVARD PILGRIM HMO BENCHMARK FAM.	N/A	N/A	N/A	N/A	$1,638.00	$1,638.00	$ 1,638.00	$1,704.00	$1,960.00	$ 2,150.00	$2,255.00	$2,289.00	$2,335.00	$2,388.00	$2,459.00
HARVARD PILGRIM HMO HDHP IND	NEW FY20 OFFERING -QUALIFIED HIGH DEDUCTIBLE HEALTH PLAN WITH HEALTH SAVINGS ACCOUNT											$ 725.00	$ 740.00	$ 757.00	$ 779.00
HARVARD PILGRIM HMO HDHP FAM												$1,890.00	$1,928.00	$1,971.00	$2,031.00
DELTA DENTAL IND	$ 23.25	$ 24.41	$ 26.12	$ 27.95	$ 27.95	$ 27.95	$ 27.95	$ 27.95	$ 27.95	$ 29.35	$ 30.38	$ 30.84	$ 31.46	$ 31.46	$ 31.46
DELTA DENTAL FAM	$ 87.60	$ 91.86	$ 98.29	$ 105.17	$ 105.17	$ 105.17	$ 105.17	$ 105.17	$ 105.17	$ 110.43	$ 114.30	$ 116.01	$ 118.33	$ 118.33	$ 118.33
BLUE 20/20 VISION (VOLUNTARY PLAN)	NEW VOLUNTARY PLAN OFFERING 2019										*SEE FLYER FOR PRICES*				

*Medex 2
with PDP

MMHG-SA-9/8/2022