



Mayflower Municipal Health Group

FY 2026 MONTHLY FUNDING RATES

| Plan Name: | <u>FY26 Rates</u> | |
|---|--|----------|
| | Individual | Family |
| <u>BLUE CROSS BLUE SHIELD:</u> | | |
| BLUE CARE ELECT PPO TRADITIONAL | \$ 1,652 | \$ 3,916 |
| BLUE CARE ELECT PPO RATE SAVER | \$ 1,529 | \$ 3,621 |
| BLUE CARE ELECT PPO BENCHMARK | \$ 1,371 | \$ 3,254 |
| BLUE CARE ELECT PPO HIGH DEDUCTIBLE | \$ 1,191 | \$ 3,091 |
| NETWORK BLUE HMO TRADITIONAL | \$ 1,166 | \$ 3,104 |
| NETWORK BLUE NE HMO RATE SAVER | \$ 1,050 | \$ 2,799 |
| NETWORK BLUE NE HMO BENCHMARK | \$ 969 | \$ 2,579 |
| NETWORK BLUE NE HMO HIGH DEDUCTIBLE | \$ 824 | \$ 2,197 |
| <u>HARVARD PILGRIM HEALTH CARE:</u> | | |
| HPHC HMO TRADITIONAL | \$ 1,262 | \$ 3,358 |
| HPHC HMO RATE SAVER | \$ 1,138 | \$ 3,027 |
| HPHC HMO CHOICENET BENCHMARK | \$ - | \$ - |
| HPHC HMO HIGH DEDUCTIBLE | \$ 886 | \$ 2,306 |
| <u>BCBS RETIREE MEDICARE SUPPLEMENT PLAN:</u> MEDEX 2 WITH BLUE MEDICARE RX PDP | CY 2026 <u>Individual</u> \$502.00 | |
| <u>BCBS MEDICARE ADVANTAGE PPO RETIREE-</u> MEDICARE BLUE PPO FREEDOM RX | CY 2026 <u>Individual</u> \$530.25 | |
| <u>MMHG DELTA DENTAL PLAN-</u> Delta Dental PPO Plus Premier | FY 2026 Rates <u>Individual</u> <u>Family</u> \$33.03 \$124.25 | |
| <u>MMHG EYEMED VISION PLAN-</u> EyeMed Insight Plus Provider | FY 2026 Rates Subscriber= \$4.58 Subscriber + spouse= \$7.78 Subscriber + Child(ren)= \$8.02 Family= \$12.60 | |

***IMPORTANT REMINDER:** Retired Medicare enrolled subscribers and any member on their plan must maintain enrollment in Medicare Parts A&B and pay any Income Related Monthly Adjustment Amounts (IRMAA) in order to have coverage with MMHG.