Mayflower Municipal Health Group

7/1/2026 MONTHLY FUNDING RATES

	FY27 Rates Individual	FY27 Rates Family
BLUE CROSS BLUE SHIELD (BCBS):		
BCE PPO TRADITIONAL	$ 1,817	$ 4,308
BCE PPO RATE SAVER	$ 1,682	$ 3,983
BCE PPO BENCHMARK	$ 1,508	$ 3,579
BCE PPO HIGH DEDUCTIBLE	$ 1,310	$ 3,400
NETBLUE HMO TRADITIONAL	$ 1,283	$ 3,414
NETBLUE NE HMO RATE SAVER	$ 1,155	$ 3,079
NETBLUE NE HMO BENCHMARK	$ 1,066	$ 2,837
NETBLUE NE HMO HDHP	$ 906	$ 2,417
HARVARD PILGRIM HEALTH CARE (HPHC):		
HPHC HMO TRADITIONAL	$ 1,388	$ 3,694
HPHC HMO RATE SAVER	$ 1,252	$ 3,330
HPHC HMO CHOICENET BENCHMARK	$ 1,181	$ 3,139
HPHC HMO HDHP	$ 975	$ 2,537

RETIREE MEDICARE SUPPLEMENT PLANS WITH PDP:	CY 2026 Individual	CY 2027 Individual
BCBS MEDEX 2 with Blue Medicare RX PDP	$502	$539
NEW HPHC Medicare Enhance with Aetna PDP	N/A	$527
RETIREE MEDICARE ADVANTAGE PLAN: Medicare Blue PPO Freedom RX	$530.25	$566.33

MMHG DELTA DENTAL PLAN-	FY 2027 Rates Individual	FY 2027 Rates Family
Delta Dental PPO Plus Premier	$33.03	$124.25

MMHG EYEMED VISION PLAN-	FY 2027 Rates
Summary: EyeMed Insight Plus Provider	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.