



## FY 2024 MONTHLY FUNDING RATES

	FY 2024 Rate	
	Individual	Family
<b><u>BLUE CROSS BLUE SHIELD:</u></b>		
BLUE CARE ELECT PPO TRADITIONAL	\$ 1,488	\$ 3,527
BLUE CARE ELECT PPO RATE SAVER	\$ 1,376	\$ 3,261
BLUE CARE ELECT PPO BENCHMARK	\$ 1,235	\$ 2,931
BLUE CARE ELECT PPO HIGH DEDUCTIBLE( HSA)	\$ 1,072	\$ 2,784
NETWORK BLUE HMO TRADITIONAL	\$ 1,050	\$ 2,796
NETWORK BLUE NE HMO RATE SAVER	\$ 946	\$ 2,521
NETWORK BLUE NE HMO BENCHMARK	\$ 873	\$ 2,323
NETWORK BLUE NE HMO HIGH DEDUCTIBLE (HSA)	\$ 742	\$ 1,978
<b><u>HARVARD PILGRIM HEALTH CARE:</u></b>		
HPHC HMO TRADITIONAL	\$ 1,136	\$ 3,025
HPHC HMO RATE SAVER	\$ 1,025	\$ 2,726
HPHC HMO CHOICENET BENCHMARK	\$ 966	\$ 2,570
HPHC HMO HIGH DEDUCTIBLE ( HSA)	\$ 797	\$ 2,077
<b><u>BLUE CROSS BLUE SHIELD RETIREE</u></b>		
<b><u>MEDICARE SUPPLEMENT PLANS:</u></b>		
MEDICARE FREEDOMRX PPO	CY 2023 Individual \$324.00	CALENDAR YEAR PLAN RATES WILL CHANGE JANUARY 1, 2024
MEDEX 2 WITH BLUE MEDICARE RX PDP	\$382.00	
<b><u>MMHG DELTA DENTAL PLAN</u></b>		
Delta Dental PPO Plus Premier	FY 2024 Rates Individual \$31.46      Family \$118.33	
<b><u>MMHG EYEMED VISION PLAN</u></b>		
EyeMed Insight plus provider	FY 2024 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.