



FY 2025 MONTHLY FUNDING RATES

Plan Name:	<u>FY25 Rates</u>	
	Individual	Family
<u>BLUE CROSS BLUE SHIELD:</u>		
BLUE CARE ELECT PPO TRADITIONAL	\$ 1,548	\$ 3,668
BLUE CARE ELECT PPO RATE SAVER	\$ 1,432	\$ 3,392
BLUE CARE ELECT PPO BENCHMARK	\$ 1,284	\$ 3,048
BLUE CARE ELECT PPO HIGH DEDUCTIBLE	\$ 1,116	\$ 2,896
NETWORK BLUE HMO TRADITIONAL	\$ 1,092	\$ 2,908
NETWORK BLUE NE HMO RATE SAVER	\$ 984	\$ 2,622
NETWORK BLUE NE HMO BENCHMARK	\$ 908	\$ 2,416
NETWORK BLUE NE HMO HIGH DEDUCTIBLE	\$ 772	\$ 2,058
<u>HARVARD PILGRIM HEALTH CARE:</u>		
HPHC HMO TRADITIONAL	\$ 1,182	\$ 3,146
HPHC HMO RATE SAVER	\$ 1,066	\$ 2,836
HPHC HMO CHOICENET BENCHMARK	\$ 1,006	\$ 2,674
HPHC HMO HIGH DEDUCTIBLE	\$ 830	\$ 2,160
<u>BCBS RETIREE MEDICARE SUPPLEMENT PLAN:</u> MEDEX 2 WITH BLUE MEDICARE RX PDP	CY 2024 <u>Individual</u> \$390.00 \$200.45 MEDICAL/ \$189.55 PDP	
<u>BCBS MEDICARE ADVANTAGE PPO RETIREE-</u> MEDICARE BLUE PPO FREEDOM RX	CY 2024 <u>Individual</u> \$342.00	
<u>MMHG DELTA DENTAL PLAN-</u> Delta Dental PPO Plus Premier	FY 2025 Rates <u>Individual</u> <u>Family</u> \$31.46 \$118.33	
<u>MMHG EYEMED VISION PLAN-</u> EyeMed Insight Plus Provider	FY 2025 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.