

Town of Barnstable

School

ACTIVE EMPLOYEE PLANS eff 7/1/18				BIWEEKLY 20's @ 50%				BIWEEKLY 24's @ 50%				MONTHLY @ 50%		MONTHLY @ 100%	
Health Plan	High Deductible Group	Standard Group	Type of Cover	Munis Code	High Deductible	Munis Code	Standard	Munis Code	High Deductible	Munis Code	Standard	High Deductible	Standard	High Deductible	Standard
BCBS MH+		00-0180279	FAM			2413	\$ 1,229.70			2408	\$ 1,024.75		\$ 2,049.50		\$ 4,099.00
			IND			2413	\$ 492.00			2408	\$ 410.00		\$ 820.00		\$ 1,640.00
TEFRA		00-2259117	P/C			2413	\$ 985.50			2408	\$ 821.25		\$ 1,642.50		\$ 3,285.00
BCBS			FAM	2421	\$ 703.50	2413	\$ 842.40	2401	\$ 586.25	2408	\$ 702.00	\$ 1,172.50	\$ 1,404.00	\$ 2,345.00	\$ 2,808.00
BLUE CARE	00-2360785	00-2345226	IND	2421	\$ 280.50	2413	\$ 336.30	2401	\$ 233.75	2408	\$ 280.25	\$ 467.50	\$ 560.50	\$ 935.00	\$ 1,121.00
ELECT PPO			P/C	2421	\$ 563.40	2413	\$ 674.70	2401	\$ 469.50	2408	\$ 562.25	\$ 939.00	\$ 1,124.50	\$ 1,878.00	\$ 2,249.00
BCBS			FAM	2421	\$ 578.10	2413	\$ 690.90	2401	\$ 481.75	2408	\$ 575.75	\$ 963.50	\$ 1,151.50	\$ 1,927.00	\$ 2,303.00
NETWORK	00-2360786	00-4055025	IND	2421	\$ 215.40	2413	\$ 257.40	2401	\$ 179.50	2408	\$ 214.50	\$ 359.00	\$ 429.00	\$ 718.00	\$ 858.00
BLUE HMO			P/C	2421	\$ 435.00	2413	\$ 519.30	2401	\$ 362.50	2408	\$ 432.75	\$ 725.00	\$ 865.50	\$ 1,450.00	\$ 1,731.00
			FAM	2422	\$ 597.30	2414	\$ 742.20	2402	\$ 497.75	2409	\$ 618.50	\$ 995.50	\$ 1,237.00	\$ 1,991.00	\$ 2,474.00
HPHC PPO	18984-0004	028865-0046	IND	2422	\$ 222.00	2414	\$ 280.50	2402	\$ 185.00	2409	\$ 233.75	\$ 370.00	\$ 467.50	\$ 740.00	\$ 935.00
			P/C	2422	\$ 449.70	2414	\$ 561.00	2402	\$ 374.75	2409	\$ 467.50	\$ 749.50	\$ 935.00	\$ 1,499.00	\$ 1,870.00
			FAM	2422	\$ 543.00	2414	\$ 683.70	2402	\$ 452.50	2409	\$ 569.75	\$ 905.00	\$ 1,139.50	\$ 1,810.00	\$ 2,279.00
HPHC HMO	18983-0004	033301-0026	IND	2422	\$ 201.60	2414	\$ 255.60	2402	\$ 168.00	2409	\$ 213.00	\$ 336.00	\$ 426.00	\$ 672.00	\$ 852.00
			P/C	2422	\$ 408.90	2414	\$ 511.20	2402	\$ 340.75	2409	\$ 426.00	\$ 681.50	\$ 852.00	\$ 1,363.00	\$ 1,704.00

DELTA DENTAL PLANS EFF 7/1/18		Type of Cover	Munis Code	Biweekly 20's @ 100%		Munis Code	Biweekly 24's @ 100%		MONTHLY @ 100%		COBRA @ 102%	
PREMIER TABLE	0950-6003	FAM	2562	\$ 47.40		2560	\$ 39.50		\$ 79.00		\$ 80.58	
COBRA Group	0950-6004	IND	2563	\$ 19.20		2561	\$ 16.00		\$ 32.00		\$ 32.64	
PPO Plus w/Ortho	0958-9014	FAM	2582	\$ 90.16		2580	\$ 75.14		\$ 150.27		\$ 153.28	
COBRA Group	0958-9015	IND	2583	\$ 31.85		2581	\$ 26.54		\$ 53.08		\$ 54.14	