## **BERKSHIRE HEALTH GROUP**

## **FY24 APPROVED FUNDING RATES**

		Approve			
		Effectiv	%		
Health Plan	Individual			Family	Increase
Network Blue HMO	\$	796.00	\$	2,135.00	1.0%
Access HMO Blue N.E. Saver (HSA-qualified plan)	\$	678.00	\$	1,814.00	1.0%
Blue Choice POS*	\$	941.00	\$	2,528.00	1.0%
Blue Care Elect PPO	\$	1,188.00	\$	3,187.00	1.0%
Blue Care Elect PPO Saver (HSA-qualified plan)	\$	1,010.00	\$	2,709.00	1.0%

Note: BCBSMA does not offer an HSA-qualified POS plan

Approved Rates** Effective 7/1/23				% increase
				0%
	Individual		Family	
\$	32.00	\$	88.00	
	\$	Effective <i>Individual</i>	Effective 7/1/2 <i>Individual</i>	Effective 7/1/23  Individual Family

<sup>\*\*</sup> All BHG governmental units will use the same approved dental plan design with the exception of So. Berkshire RSD which may stay with its current plan design or change to the new universal plan design.