



# Small Group Rate Guide

Complete Rates for Health and Vision Products.

**Effective dates:** January 1, 2023

[communitycarehealth.org](https://communitycarehealth.org)

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## How Rates are Calculated

The rate for a family is based on the combined ages of the employee, spouse, all dependents 21 and older, and up to the three oldest dependents age 20 or younger. All plans include pediatric dental and vision up to age 19.

## Rating for Infertility Rider

All plans are available with infertility coverage. The rates for plans with infertility coverage begin on page 8.

- Age banded rates, 3:1 max ratio
- Member-level rating
- Single rating area
- Based on the zip code of the employer's principal business address
- No risk adjustment factors (RAFs)

# Platinum HMO

Plan Name	PLATINUM 90 HMO 0/10/250	PLATINUM 90 HMO 0/10/500	PLATINUM 90 HMO 0/20	PLATINUM 90 HMO 0/25	
Age Band					
0-14	0	\$340.32	\$334.50	\$327.84	\$316.19
0-14	1	\$340.32	\$334.50	\$327.84	\$316.19
0-14	2	\$340.32	\$334.50	\$327.84	\$316.19
0-14	3	\$340.32	\$334.50	\$327.84	\$316.19
0-14	4	\$340.32	\$334.50	\$327.84	\$316.19
0-14	5	\$340.32	\$334.50	\$327.84	\$316.19
0-14	6	\$340.32	\$334.50	\$327.84	\$316.19
0-14	7	\$340.32	\$334.50	\$327.84	\$316.19
0-14	8	\$340.32	\$334.50	\$327.84	\$316.19
0-14	9	\$340.32	\$334.50	\$327.84	\$316.19
0-14	10	\$340.32	\$334.50	\$327.84	\$316.19
0-14	11	\$340.32	\$334.50	\$327.84	\$316.19
0-14	12	\$340.32	\$334.50	\$327.84	\$316.19
0-14	13	\$340.32	\$334.50	\$327.84	\$316.19
0-14	14	\$340.32	\$334.50	\$327.84	\$316.19
15	15	\$370.57	\$364.23	\$356.98	\$344.30
16	16	\$382.13	\$375.60	\$368.12	\$355.04
17	17	\$393.70	\$386.97	\$379.27	\$365.79
18	18	\$406.16	\$399.21	\$391.27	\$377.36
19	19	\$418.61	\$411.45	\$403.27	\$388.93
20	20	\$431.51	\$424.13	\$415.69	\$400.92
21	21	\$444.86	\$437.25	\$428.55	\$413.32
22	22	\$444.86	\$437.25	\$428.55	\$413.32
23	23	\$444.86	\$437.25	\$428.55	\$413.32
24	24	\$444.86	\$437.25	\$428.55	\$413.32
25	25	\$446.64	\$439.00	\$430.26	\$414.97
26	26	\$455.54	\$447.74	\$438.84	\$423.24
27	27	\$466.21	\$458.24	\$449.12	\$433.16
28	28	\$483.56	\$475.29	\$465.83	\$449.28
29	29	\$497.80	\$489.28	\$479.55	\$462.51
30	30	\$504.92	\$496.28	\$486.40	\$469.12
31	31	\$515.59	\$506.77	\$496.69	\$479.04
32	32	\$526.27	\$517.27	\$506.97	\$488.96
33	33	\$532.94	\$523.83	\$513.40	\$495.16
34	34	\$540.06	\$530.82	\$520.26	\$501.77
35	35	\$543.62	\$534.32	\$523.69	\$505.08
36	36	\$547.18	\$537.82	\$527.12	\$508.38
37	37	\$550.74	\$541.32	\$530.54	\$511.69
38	38	\$554.30	\$544.81	\$533.97	\$515.00
39	39	\$561.41	\$551.81	\$540.83	\$521.61
40	40	\$568.53	\$558.81	\$547.69	\$528.22
41	41	\$579.21	\$569.30	\$557.97	\$538.14
42	42	\$589.44	\$579.36	\$567.83	\$547.65
43	43	\$603.68	\$593.35	\$581.54	\$560.88
44	44	\$621.47	\$610.84	\$598.68	\$577.41
45	45	\$642.38	\$631.39	\$618.83	\$596.83
46	46	\$667.29	\$655.88	\$642.83	\$619.98
47	47	\$695.32	\$683.42	\$669.82	\$646.02
48	48	\$727.35	\$714.90	\$700.68	\$675.78
49	49	\$758.93	\$745.95	\$731.11	\$705.12
50	50	\$794.52	\$780.93	\$765.39	\$738.19
51	51	\$829.66	\$815.47	\$799.25	\$770.84
52	52	\$868.37	\$853.51	\$836.53	\$806.80
53	53	\$907.51	\$891.99	\$874.24	\$843.17
54	54	\$949.78	\$933.53	\$914.95	\$882.44
55	55	\$992.04	\$975.07	\$955.67	\$921.70
56	56	\$1,037.86	\$1,020.10	\$999.81	\$964.28
57	57	\$1,084.12	\$1,065.58	\$1,044.38	\$1,007.26
58	58	\$1,133.50	\$1,114.11	\$1,091.95	\$1,053.14
59	59	\$1,157.97	\$1,138.16	\$1,115.52	\$1,075.87
60	60	\$1,207.35	\$1,186.70	\$1,163.08	\$1,121.75
61	61	\$1,250.06	\$1,228.67	\$1,204.23	\$1,161.43
62	62	\$1,278.08	\$1,256.22	\$1,231.22	\$1,187.47
63	63	\$1,313.23	\$1,290.76	\$1,265.08	\$1,220.12
64 and over	64+	\$1,334.58	\$1,311.75	\$1,285.65	\$1,239.96

# Gold HMO

# GOLD HMO

Plan Name		GOLD 80 HMO 250/35	GOLD 80 HMO 500/35	GOLD 80 HMO 750/30	GOLD 80 HMO 1000/35
	Age Band				
0-14	0	\$288.99	\$261.95	\$262.80	\$271.25
0-14	1	\$288.99	\$261.95	\$262.80	\$271.25
0-14	2	\$288.99	\$261.95	\$262.80	\$271.25
0-14	3	\$288.99	\$261.95	\$262.80	\$271.25
0-14	4	\$288.99	\$261.95	\$262.80	\$271.25
0-14	5	\$288.99	\$261.95	\$262.80	\$271.25
0-14	6	\$288.99	\$261.95	\$262.80	\$271.25
0-14	7	\$288.99	\$261.95	\$262.80	\$271.25
0-14	8	\$288.99	\$261.95	\$262.80	\$271.25
0-14	9	\$288.99	\$261.95	\$262.80	\$271.25
0-14	10	\$288.99	\$261.95	\$262.80	\$271.25
0-14	11	\$288.99	\$261.95	\$262.80	\$271.25
0-14	12	\$288.99	\$261.95	\$262.80	\$271.25
0-14	13	\$288.99	\$261.95	\$262.80	\$271.25
0-14	14	\$288.99	\$261.95	\$262.80	\$271.25
15	15	\$314.67	\$285.24	\$286.16	\$295.36
16	16	\$324.50	\$294.14	\$295.09	\$304.58
17	17	\$334.32	\$303.04	\$304.02	\$313.79
18	18	\$344.89	\$312.63	\$313.64	\$323.72
19	19	\$355.47	\$322.22	\$323.26	\$333.65
20	20	\$366.43	\$332.15	\$333.22	\$343.93
21	21	\$377.76	\$342.42	\$343.53	\$354.57
22	22	\$377.76	\$342.42	\$343.53	\$354.57
23	23	\$377.76	\$342.42	\$343.53	\$354.57
24	24	\$377.76	\$342.42	\$343.53	\$354.57
25	25	\$379.27	\$343.79	\$344.90	\$355.99
26	26	\$386.83	\$350.64	\$351.77	\$363.08
27	27	\$395.89	\$358.86	\$360.02	\$371.59
28	28	\$410.63	\$372.21	\$373.42	\$385.42
29	29	\$422.71	\$383.17	\$384.41	\$396.76
30	30	\$428.76	\$388.65	\$389.91	\$402.44
31	31	\$437.82	\$396.86	\$398.15	\$410.95
32	32	\$446.89	\$405.08	\$406.40	\$419.46
33	33	\$452.56	\$410.22	\$411.55	\$424.77
34	34	\$458.60	\$415.70	\$417.05	\$430.45
35	35	\$461.62	\$418.44	\$419.79	\$433.28
36	36	\$464.64	\$421.18	\$422.54	\$436.12
37	37	\$467.67	\$423.92	\$425.29	\$438.96
38	38	\$470.69	\$426.66	\$428.04	\$441.79
39	39	\$476.73	\$432.13	\$433.53	\$447.47
40	40	\$482.78	\$437.61	\$439.03	\$453.14
41	41	\$491.84	\$445.83	\$447.28	\$461.65
42	42	\$500.53	\$453.71	\$455.18	\$469.81
43	43	\$512.62	\$464.66	\$466.17	\$481.15
44	44	\$527.73	\$478.36	\$479.91	\$495.33
45	45	\$545.49	\$494.45	\$496.06	\$512.00
46	46	\$566.64	\$513.63	\$515.30	\$531.86
47	47	\$590.44	\$535.20	\$536.94	\$554.19
48	48	\$617.64	\$559.86	\$561.67	\$579.72
49	49	\$644.46	\$584.17	\$586.06	\$604.90
50	50	\$674.68	\$611.56	\$613.54	\$633.26
51	51	\$704.52	\$638.61	\$640.68	\$661.27
52	52	\$737.39	\$668.40	\$670.57	\$692.12
53	53	\$770.63	\$698.54	\$700.80	\$723.32
54	54	\$806.52	\$731.07	\$733.44	\$757.01
55	55	\$842.40	\$763.60	\$766.07	\$790.69
56	56	\$881.31	\$798.87	\$801.46	\$827.21
57	57	\$920.60	\$834.48	\$837.18	\$864.09
58	58	\$962.53	\$872.49	\$875.31	\$903.44
59	59	\$983.31	\$891.32	\$894.21	\$922.95
60	60	\$1,025.24	\$929.33	\$932.34	\$962.30
61	61	\$1,061.51	\$962.20	\$965.32	\$996.34
62	62	\$1,085.30	\$983.77	\$986.96	\$1,018.68
63	63	\$1,115.15	\$1,010.82	\$1,014.10	\$1,046.69
64 and over	64+	\$1,133.28	\$1,027.26	\$1,030.59	\$1,063.71

# HMO HRA

# COMMUNITY CARE HEALTH PLAN

Plan Name		GOLD 80 HMO HRA 2150/35	SILVER 70 HMO HRA 2250/50
	Age Band		
0-14	0	\$258.57	\$234.07
0-14	1	\$258.57	\$234.07
0-14	2	\$258.57	\$234.07
0-14	3	\$258.57	\$234.07
0-14	4	\$258.57	\$234.07
0-14	5	\$258.57	\$234.07
0-14	6	\$258.57	\$234.07
0-14	7	\$258.57	\$234.07
0-14	8	\$258.57	\$234.07
0-14	9	\$258.57	\$234.07
0-14	10	\$258.57	\$234.07
0-14	11	\$258.57	\$234.07
0-14	12	\$258.57	\$234.07
0-14	13	\$258.57	\$234.07
0-14	14	\$258.57	\$234.07
15	15	\$281.55	\$254.87
16	16	\$290.34	\$262.83
17	17	\$299.13	\$270.78
18	18	\$308.59	\$279.35
19	19	\$318.06	\$287.92
20	20	\$327.86	\$296.79
21	21	\$338.00	\$305.97
22	22	\$338.00	\$305.97
23	23	\$338.00	\$305.97
24	24	\$338.00	\$305.97
25	25	\$339.35	\$307.19
26	26	\$346.11	\$313.31
27	27	\$354.22	\$320.66
28	28	\$367.41	\$332.59
29	29	\$378.22	\$342.38
30	30	\$383.63	\$347.28
31	31	\$391.74	\$354.62
32	32	\$399.85	\$361.96
33	33	\$404.92	\$366.55
34	34	\$410.33	\$371.45
35	35	\$413.04	\$373.90
36	36	\$415.74	\$376.34
37	37	\$418.44	\$378.79
38	38	\$421.15	\$381.24
39	39	\$426.56	\$386.13
40	40	\$431.96	\$391.03
41	41	\$440.08	\$398.37
42	42	\$447.85	\$405.41
43	43	\$458.67	\$415.20
44	44	\$472.19	\$427.44
45	45	\$488.07	\$441.82
46	46	\$507.00	\$458.96
47	47	\$528.29	\$478.23
48	48	\$552.63	\$500.26
49	49	\$576.63	\$521.98
50	50	\$603.67	\$546.46
51	51	\$630.37	\$570.63
52	52	\$659.78	\$597.25
53	53	\$689.52	\$624.18
54	54	\$721.63	\$653.25
55	55	\$753.74	\$682.31
56	56	\$788.55	\$713.83
57	57	\$823.71	\$745.65
58	58	\$861.22	\$779.61
59	59	\$879.81	\$796.44
60	60	\$917.33	\$830.40
61	61	\$949.78	\$859.78
62	62	\$971.07	\$879.05
63	63	\$997.78	\$903.22
64 and over	64+	\$1,014.00	\$917.91

# Silver HMO

# Bronze HMO

Plan Name		SILVER 70 HMO 2250/50	SILVER 70 HDHP HMO 2500/20
Age Band			
0-14	0	\$228.15	\$228.15
0-14	1	\$228.15	\$228.15
0-14	2	\$228.15	\$228.15
0-14	3	\$228.15	\$228.15
0-14	4	\$228.15	\$228.15
0-14	5	\$228.15	\$228.15
0-14	6	\$228.15	\$228.15
0-14	7	\$228.15	\$228.15
0-14	8	\$228.15	\$228.15
0-14	9	\$228.15	\$228.15
0-14	10	\$228.15	\$228.15
0-14	11	\$228.15	\$228.15
0-14	12	\$228.15	\$228.15
0-14	13	\$228.15	\$228.15
0-14	14	\$228.15	\$228.15
15	15	\$248.43	\$248.43
16	16	\$256.19	\$256.19
17	17	\$263.94	\$263.94
18	18	\$272.29	\$272.29
19	19	\$280.64	\$280.64
20	20	\$289.29	\$289.29
21	21	\$298.24	\$298.24
22	22	\$298.24	\$298.24
23	23	\$298.24	\$298.24
24	24	\$298.24	\$298.24
25	25	\$299.43	\$299.43
26	26	\$305.40	\$305.40
27	27	\$312.56	\$312.56
28	28	\$324.19	\$324.19
29	29	\$333.73	\$333.73
30	30	\$338.50	\$338.50
31	31	\$345.66	\$345.66
32	32	\$352.82	\$352.82
33	33	\$357.29	\$357.29
34	34	\$362.06	\$362.06
35	35	\$364.45	\$364.45
36	36	\$366.84	\$366.84
37	37	\$369.22	\$369.22
38	38	\$371.61	\$371.61
39	39	\$376.38	\$376.38
40	40	\$381.15	\$381.15
41	41	\$388.31	\$388.31
42	42	\$395.17	\$395.17
43	43	\$404.71	\$404.71
44	44	\$416.64	\$416.64
45	45	\$430.66	\$430.66
46	46	\$447.36	\$447.36
47	47	\$466.15	\$466.15
48	48	\$487.62	\$487.62
49	49	\$508.80	\$508.80
50	50	\$532.66	\$532.66
51	51	\$556.22	\$556.22
52	52	\$582.16	\$582.16
53	53	\$608.41	\$608.41
54	54	\$636.74	\$636.74
55	55	\$665.08	\$665.08
56	56	\$695.79	\$695.79
57	57	\$726.81	\$726.81
58	58	\$759.92	\$759.92
59	59	\$776.32	\$776.32
60	60	\$809.42	\$809.42
61	61	\$838.05	\$838.05
62	62	\$856.84	\$856.84
63	63	\$880.40	\$880.40
64 and over	64+	\$894.72	\$894.72

Plan Name		BRONZE 60 HMO 6300/65	BRONZE 60 HDHP HMO 6900/0
Age Band			
0-14	0	\$205.72	\$192.59
0-14	1	\$205.72	\$192.59
0-14	2	\$205.72	\$192.59
0-14	3	\$205.72	\$192.59
0-14	4	\$205.72	\$192.59
0-14	5	\$205.72	\$192.59
0-14	6	\$205.72	\$192.59
0-14	7	\$205.72	\$192.59
0-14	8	\$205.72	\$192.59
0-14	9	\$205.72	\$192.59
0-14	10	\$205.72	\$192.59
0-14	11	\$205.72	\$192.59
0-14	12	\$205.72	\$192.59
0-14	13	\$205.72	\$192.59
0-14	14	\$205.72	\$192.59
15	15	\$224.01	\$209.71
16	16	\$231.00	\$216.25
17	17	\$237.99	\$222.80
18	18	\$245.52	\$229.85
19	19	\$253.05	\$236.90
20	20	\$260.85	\$244.20
21	21	\$268.92	\$251.75
22	22	\$268.92	\$251.75
23	23	\$268.92	\$251.75
24	24	\$268.92	\$251.75
25	25	\$270.00	\$252.76
26	26	\$275.37	\$257.79
27	27	\$281.83	\$263.83
28	28	\$292.32	\$273.65
29	29	\$300.92	\$281.71
30	30	\$305.22	\$285.74
31	31	\$311.68	\$291.78
32	32	\$318.13	\$297.82
33	33	\$322.17	\$301.60
34	34	\$326.47	\$305.62
35	35	\$328.62	\$307.64
36	36	\$330.77	\$309.65
37	37	\$332.92	\$311.67
38	38	\$335.07	\$313.68
39	39	\$339.38	\$317.71
40	40	\$343.68	\$321.74
41	41	\$350.13	\$327.78
42	42	\$356.32	\$333.57
43	43	\$364.92	\$341.62
44	44	\$375.68	\$351.69
45	45	\$388.32	\$363.53
46	46	\$403.38	\$377.63
47	47	\$420.32	\$393.49
48	48	\$439.68	\$411.61
49	49	\$458.78	\$429.49
50	50	\$480.29	\$449.63
51	51	\$501.54	\$469.51
52	52	\$524.93	\$491.42
53	53	\$548.60	\$513.57
54	54	\$574.14	\$537.49
55	55	\$599.69	\$561.40
56	56	\$627.39	\$587.33
57	57	\$655.36	\$613.51
58	58	\$685.21	\$641.46
59	59	\$700.00	\$655.31
60	60	\$729.85	\$683.25
61	61	\$755.67	\$707.42
62	62	\$772.61	\$723.28
63	63	\$793.85	\$743.17
64 and over	64+	\$806.76	\$755.25

# Platinum HMO with Infertility

Plan Name	PLATINUM 90 HMO 0/10/250 INF	PLATINUM 90 HMO 0/10/500 INF	PLATINUM 90 HMO 0/20 INF	PLATINUM 90 HMO 0/25 INF	
Age Band					
0-14	0	\$342.02	\$336.16	\$329.48	\$317.77
0-14	1	\$342.02	\$336.16	\$329.48	\$317.77
0-14	2	\$342.02	\$336.16	\$329.48	\$317.77
0-14	3	\$342.02	\$336.16	\$329.48	\$317.77
0-14	4	\$342.02	\$336.16	\$329.48	\$317.77
0-14	5	\$342.02	\$336.16	\$329.48	\$317.77
0-14	6	\$342.02	\$336.16	\$329.48	\$317.77
0-14	7	\$342.02	\$336.16	\$329.48	\$317.77
0-14	8	\$342.02	\$336.16	\$329.48	\$317.77
0-14	9	\$342.02	\$336.16	\$329.48	\$317.77
0-14	10	\$342.02	\$336.16	\$329.48	\$317.77
0-14	11	\$342.02	\$336.16	\$329.48	\$317.77
0-14	12	\$342.02	\$336.16	\$329.48	\$317.77
0-14	13	\$342.02	\$336.16	\$329.48	\$317.77
0-14	14	\$342.02	\$336.16	\$329.48	\$317.77
15	15	\$372.43	\$366.05	\$358.76	\$346.02
16	16	\$384.05	\$377.47	\$369.96	\$356.82
17	17	\$395.67	\$388.90	\$381.16	\$367.62
18	18	\$408.19	\$401.20	\$393.22	\$379.25
19	19	\$420.71	\$413.50	\$405.28	\$390.88
20	20	\$433.68	\$426.25	\$417.77	\$402.93
21	21	\$447.09	\$439.43	\$430.69	\$415.39
22	22	\$447.09	\$439.43	\$430.69	\$415.39
23	23	\$447.09	\$439.43	\$430.69	\$415.39
24	24	\$447.09	\$439.43	\$430.69	\$415.39
25	25	\$448.88	\$441.19	\$432.41	\$417.05
26	26	\$457.82	\$449.98	\$441.03	\$425.36
27	27	\$468.55	\$460.52	\$451.36	\$435.33
28	28	\$485.99	\$477.66	\$468.16	\$451.53
29	29	\$500.29	\$491.72	\$481.94	\$464.82
30	30	\$507.45	\$498.75	\$488.83	\$471.47
31	31	\$518.18	\$509.30	\$499.17	\$481.44
32	32	\$528.91	\$519.85	\$509.51	\$491.41
33	33	\$535.61	\$526.44	\$515.97	\$497.64
34	34	\$542.77	\$533.47	\$522.86	\$504.28
35	35	\$546.34	\$536.98	\$526.30	\$507.61
36	36	\$549.92	\$540.50	\$529.75	\$510.93
37	37	\$553.50	\$544.01	\$533.19	\$514.25
38	38	\$557.07	\$547.53	\$536.64	\$517.58
39	39	\$564.23	\$554.56	\$543.53	\$524.22
40	40	\$571.38	\$561.59	\$550.42	\$530.87
41	41	\$582.11	\$572.14	\$560.76	\$540.84
42	42	\$592.39	\$582.24	\$570.66	\$550.39
43	43	\$606.70	\$596.31	\$584.45	\$563.68
44	44	\$624.58	\$613.88	\$601.67	\$580.30
45	45	\$645.60	\$634.54	\$621.92	\$599.82
46	46	\$670.64	\$659.15	\$646.04	\$623.09
47	47	\$698.80	\$686.83	\$673.17	\$649.25
48	48	\$730.99	\$718.47	\$704.18	\$679.16
49	49	\$762.74	\$749.67	\$734.76	\$708.66
50	50	\$798.50	\$784.82	\$769.21	\$741.89
51	51	\$833.82	\$819.54	\$803.24	\$774.70
52	52	\$872.72	\$857.77	\$840.71	\$810.84
53	53	\$912.06	\$896.44	\$878.61	\$847.40
54	54	\$954.54	\$938.18	\$919.52	\$886.86
55	55	\$997.01	\$979.93	\$960.44	\$926.32
56	56	\$1,043.06	\$1,025.19	\$1,004.80	\$969.10
57	57	\$1,089.56	\$1,070.89	\$1,049.59	\$1,012.31
58	58	\$1,139.19	\$1,119.67	\$1,097.40	\$1,058.41
59	59	\$1,163.78	\$1,143.84	\$1,121.09	\$1,081.26
60	60	\$1,213.40	\$1,192.61	\$1,168.89	\$1,127.37
61	61	\$1,256.32	\$1,234.80	\$1,210.24	\$1,167.25
62	62	\$1,284.49	\$1,262.48	\$1,237.37	\$1,193.42
63	63	\$1,319.81	\$1,297.20	\$1,271.40	\$1,226.23
64 and over	64+	\$1,341.27	\$1,318.29	\$1,292.07	\$1,246.17



# Gold HMO with Infertility

Plan Name	GOLD 80 HMO 250/35 INF	GOLD 80 HMO 500/35 INF	GOLD 80 HMO 750/30 INF	GOLD 80 HMO 1000/35 INF	
Age Band					
0-14	0	\$290.43	\$263.26	\$264.12	\$272.61
0-14	1	\$290.43	\$263.26	\$264.12	\$272.61
0-14	2	\$290.43	\$263.26	\$264.12	\$272.61
0-14	3	\$290.43	\$263.26	\$264.12	\$272.61
0-14	4	\$290.43	\$263.26	\$264.12	\$272.61
0-14	5	\$290.43	\$263.26	\$264.12	\$272.61
0-14	6	\$290.43	\$263.26	\$264.12	\$272.61
0-14	7	\$290.43	\$263.26	\$264.12	\$272.61
0-14	8	\$290.43	\$263.26	\$264.12	\$272.61
0-14	9	\$290.43	\$263.26	\$264.12	\$272.61
0-14	10	\$290.43	\$263.26	\$264.12	\$272.61
0-14	11	\$290.43	\$263.26	\$264.12	\$272.61
0-14	12	\$290.43	\$263.26	\$264.12	\$272.61
0-14	13	\$290.43	\$263.26	\$264.12	\$272.61
0-14	14	\$290.43	\$263.26	\$264.12	\$272.61
15	15	\$316.25	\$286.66	\$287.59	\$296.84
16	16	\$326.12	\$295.61	\$296.57	\$306.10
17	17	\$335.99	\$304.56	\$305.55	\$315.37
18	18	\$346.62	\$314.19	\$315.21	\$325.35
19	19	\$357.25	\$323.83	\$324.88	\$335.33
20	20	\$368.26	\$333.81	\$334.89	\$345.66
21	21	\$379.65	\$344.13	\$345.25	\$356.35
22	22	\$379.65	\$344.13	\$345.25	\$356.35
23	23	\$379.65	\$344.13	\$345.25	\$356.35
24	24	\$379.65	\$344.13	\$345.25	\$356.35
25	25	\$381.17	\$345.51	\$346.63	\$357.78
26	26	\$388.76	\$352.39	\$353.54	\$364.90
27	27	\$397.87	\$360.65	\$361.82	\$373.45
28	28	\$412.68	\$374.07	\$375.29	\$387.35
29	29	\$424.83	\$385.08	\$386.33	\$398.76
30	30	\$430.90	\$390.59	\$391.86	\$404.46
31	31	\$440.01	\$398.85	\$400.14	\$413.01
32	32	\$449.13	\$407.11	\$408.43	\$421.56
33	33	\$454.82	\$412.27	\$413.61	\$426.91
34	34	\$460.90	\$417.77	\$419.13	\$432.61
35	35	\$463.93	\$420.53	\$421.90	\$435.46
36	36	\$466.97	\$423.28	\$424.66	\$438.31
37	37	\$470.01	\$426.03	\$427.42	\$441.16
38	38	\$473.04	\$428.79	\$430.18	\$444.01
39	39	\$479.12	\$434.29	\$435.71	\$449.71
40	40	\$485.19	\$439.80	\$441.23	\$455.42
41	41	\$494.30	\$448.06	\$449.52	\$463.97
42	42	\$503.04	\$455.97	\$457.46	\$472.16
43	43	\$515.19	\$466.98	\$468.50	\$483.57
44	44	\$530.37	\$480.75	\$482.31	\$497.82
45	45	\$548.21	\$496.92	\$498.54	\$514.57
46	46	\$569.48	\$516.20	\$517.88	\$534.53
47	47	\$593.39	\$537.88	\$539.63	\$556.98
48	48	\$620.73	\$562.65	\$564.48	\$582.63
49	49	\$647.68	\$587.09	\$589.00	\$607.93
50	50	\$678.05	\$614.62	\$616.62	\$636.44
51	51	\$708.05	\$641.80	\$643.89	\$664.59
52	52	\$741.08	\$671.74	\$673.93	\$695.60
53	53	\$774.49	\$702.03	\$704.31	\$726.95
54	54	\$810.55	\$734.72	\$737.11	\$760.81
55	55	\$846.62	\$767.41	\$769.91	\$794.66
56	56	\$885.72	\$802.86	\$805.47	\$831.36
57	57	\$925.21	\$838.64	\$841.37	\$868.42
58	58	\$967.35	\$876.84	\$879.70	\$907.98
59	59	\$988.23	\$895.77	\$898.69	\$927.58
60	60	\$1,030.37	\$933.97	\$937.01	\$967.13
61	61	\$1,066.82	\$967.01	\$970.15	\$1,001.34
62	62	\$1,090.73	\$988.69	\$991.90	\$1,023.79
63	63	\$1,120.73	\$1,015.87	\$1,019.18	\$1,051.95
64 and over	64+	\$1,138.95	\$1,032.39	\$1,035.75	\$1,069.05

# HMO HRA with Infertility

Plan Name		GOLD 80 HMO HRA 2150/35 INF	SILVER 70 HMO HRA 2250/50 INF
	Age Band		
0-14	0	\$259.86	\$235.25
0-14	1	\$259.86	\$235.25
0-14	2	\$259.86	\$235.25
0-14	3	\$259.86	\$235.25
0-14	4	\$259.86	\$235.25
0-14	5	\$259.86	\$235.25
0-14	6	\$259.86	\$235.25
0-14	7	\$259.86	\$235.25
0-14	8	\$259.86	\$235.25
0-14	9	\$259.86	\$235.25
0-14	10	\$259.86	\$235.25
0-14	11	\$259.86	\$235.25
0-14	12	\$259.86	\$235.25
0-14	13	\$259.86	\$235.25
0-14	14	\$259.86	\$235.25
15	15	\$282.96	\$256.16
16	16	\$291.79	\$264.15
17	17	\$300.63	\$272.15
18	18	\$310.14	\$280.76
19	19	\$319.65	\$289.37
20	20	\$329.50	\$298.28
21	21	\$339.69	\$307.51
22	22	\$339.69	\$307.51
23	23	\$339.69	\$307.51
24	24	\$339.69	\$307.51
25	25	\$341.05	\$308.74
26	26	\$347.84	\$314.89
27	27	\$356.00	\$322.27
28	28	\$369.24	\$334.26
29	29	\$380.11	\$344.10
30	30	\$385.55	\$349.02
31	31	\$393.70	\$356.40
32	32	\$401.85	\$363.78
33	33	\$406.95	\$368.40
34	34	\$412.38	\$373.32
35	35	\$415.10	\$375.78
36	36	\$417.82	\$378.24
37	37	\$420.54	\$380.70
38	38	\$423.25	\$383.16
39	39	\$428.69	\$388.08
40	40	\$434.12	\$393.00
41	41	\$442.28	\$400.38
42	42	\$450.09	\$407.45
43	43	\$460.96	\$417.29
44	44	\$474.55	\$429.59
45	45	\$490.51	\$444.04
46	46	\$509.54	\$461.27
47	47	\$530.94	\$480.64
48	48	\$555.39	\$502.78
49	49	\$579.51	\$524.61
50	50	\$606.69	\$549.21
51	51	\$633.52	\$573.51
52	52	\$663.07	\$600.26
53	53	\$692.97	\$627.32
54	54	\$725.24	\$656.53
55	55	\$757.51	\$685.75
56	56	\$792.50	\$717.42
57	57	\$827.82	\$749.40
58	58	\$865.53	\$783.54
59	59	\$884.21	\$800.45
60	60	\$921.92	\$834.58
61	61	\$954.53	\$864.10
62	62	\$975.93	\$883.48
63	63	\$1,002.76	\$907.77
64 and over	64+	\$1,019.07	\$922.53

# Silver HMO with Infertility

# Bronze HMO with Infertility

Plan Name	SILVER 70 HMO 2250/50 INF	SILVER 70 HDHP HMO 2500/20 INF
Age Band		
0-14	0	\$229.29
0-14	1	\$229.29
0-14	2	\$229.29
0-14	3	\$229.29
0-14	4	\$229.29
0-14	5	\$229.29
0-14	6	\$229.29
0-14	7	\$229.29
0-14	8	\$229.29
0-14	9	\$229.29
0-14	10	\$229.29
0-14	11	\$229.29
0-14	12	\$229.29
0-14	13	\$229.29
0-14	14	\$229.29
15	15	\$249.67
16	16	\$257.46
17	17	\$265.25
18	18	\$273.64
19	19	\$282.04
20	20	\$290.73
21	21	\$299.72
22	22	\$299.72
23	23	\$299.72
24	24	\$299.72
25	25	\$300.92
26	26	\$306.91
27	27	\$314.11
28	28	\$325.80
29	29	\$335.39
30	30	\$340.18
31	31	\$347.38
32	32	\$354.57
33	33	\$359.06
34	34	\$363.86
35	35	\$366.26
36	36	\$368.66
37	37	\$371.05
38	38	\$373.45
39	39	\$378.25
40	40	\$383.04
41	41	\$390.24
42	42	\$397.13
43	43	\$406.72
44	44	\$418.71
45	45	\$432.80
46	46	\$449.58
47	47	\$468.46
48	48	\$490.04
49	49	\$511.32
50	50	\$535.30
51	51	\$558.98
52	52	\$585.05
53	53	\$611.43
54	54	\$639.90
55	55	\$668.38
56	56	\$699.25
57	57	\$730.42
58	58	\$763.69
59	59	\$780.17
60	60	\$813.44
61	61	\$842.21
62	62	\$861.10
63	63	\$884.77
64 and over	64+	\$899.16

Plan Name	BRONZE 60 HMO 6300/65 INF	BRONZE 60 HDHP HMO 7000/0 INF
Age Band		
0-14	0	\$206.75
0-14	1	\$206.75
0-14	2	\$206.75
0-14	3	\$206.75
0-14	4	\$206.75
0-14	5	\$206.75
0-14	6	\$206.75
0-14	7	\$206.75
0-14	8	\$206.75
0-14	9	\$206.75
0-14	10	\$206.75
0-14	11	\$206.75
0-14	12	\$206.75
0-14	13	\$206.75
0-14	14	\$206.75
15	15	\$225.13
16	16	\$232.15
17	17	\$239.18
18	18	\$246.75
19	19	\$254.31
20	20	\$262.15
21	21	\$270.26
22	22	\$270.26
23	23	\$270.26
24	24	\$270.26
25	25	\$271.34
26	26	\$276.75
27	27	\$283.23
28	28	\$293.77
29	29	\$302.42
30	30	\$306.75
31	31	\$313.23
32	32	\$319.72
33	33	\$323.77
34	34	\$328.10
35	35	\$330.26
36	36	\$332.42
37	37	\$334.58
38	38	\$336.74
39	39	\$341.07
40	40	\$345.39
41	41	\$351.88
42	42	\$358.09
43	43	\$366.74
44	44	\$377.55
45	45	\$390.26
46	46	\$405.39
47	47	\$422.42
48	48	\$441.88
49	49	\$461.06
50	50	\$482.68
51	51	\$504.03
52	52	\$527.55
53	53	\$551.33
54	54	\$577.01
55	55	\$602.68
56	56	\$630.52
57	57	\$658.62
58	58	\$688.62
59	59	\$703.49
60	60	\$733.49
61	61	\$759.43
62	62	\$776.46
63	63	\$797.81
64 and over	64+	\$810.78

# Vision Plan Rates



CCH offers vision plan options through our partnership with MESVision. As one of the largest providers of vision coverage, MESVision gives you and your employees access to a broad and diverse network including:

- Independent Ophthalmologists (MD)
- Independent Optometrist (OD)
- Independent Opticians (OPT)
- Optical Chain Locations Including:
  - LensCrafters
  - Sears Optical
  - Wal-Mart
  - Sam's Club
  - Visionworks
  - Target Optical
  - Costco
  - Pearle Vision
  - And many more...

## MESVision PLAN OPTIONS

MESVision PLAN OPTIONS						
	MESVision Option 1 / Plan 1		MESVision Option 1 / Plan 2		MESVision Option 1 / Plan 3	
Benefit	Frequency		Frequency		Frequency	
Exams	Every 12 Months		Every 12 Months		Every 12 Months	
Frames	Every 12 Months		Every 12 Months		Every 12 Months	
Lenses	Every 12 Months		Every 12 Months		Every 12 Months	
COVERED BENEFITS	In Network Allowance	Out of Network Allowance	In Network Allowance	Out of Network Allowance	In Network Allowance	Out of Network Allowance
Exams	\$10 Copay		\$10 Copay		\$10 Copay	
Ophthalmologic Exam	Covered	Up to \$40	Covered	Up to \$40	Covered	Up to \$40
Optometric Exam	Covered	Up to \$40	Covered	Up to \$40	Covered	Up to \$40
Materials	\$10 Copay		\$20 Copay		\$20 Copay	
Frames	Up to \$120	Up to \$40	Up to \$130	Up to \$75	Up to \$150	Up to \$75
Single Vision Lenses	Covered	Up to \$30	Covered	Up to \$30	Covered	Up to \$30
Bifocal Lenses	Covered	Up to \$50	Covered	Up to \$50	Covered	Up to \$50
Trifocal Lenses	Covered	Up to \$65	Covered	Up to \$65	Covered	Up to \$65
Polycarbonate Lenses	Up to \$85	Up to \$55	Up to \$85	Up to \$55	Up to \$85	Up to \$55
Standard Progressive Lenses	Covered	Up to \$65	Covered	Up to \$65	Covered	Up to \$65
Premium Progressive Lenses	Up to \$89.50	Up to \$65	Up to \$89.50	Up to \$65	Up to \$89.50	Up to \$65
Ultra Progressive Lenses	Up to \$89.50	Up to \$65	Up to \$89.50	Up to \$65	Up to \$89.50	Up to \$65
Aphakic Monofocal	Covered	Up to \$125	Covered	Up to \$125	Covered	Up to \$125
Aphakic Multifocal	Covered	Up to \$125	Covered	Up to \$125	Covered	Up to \$125
Contact Lenses	\$10 COPAY		\$20 COPAY		\$20 COPAY	
One Pair Medically Necessary (evaluation, fitting, and materials)	Covered	Up to \$250	Covered	Up to \$250	Covered	Up to \$250
Cosmetic or Convenience (evaluation, fitting, and materials)	Up to \$120	Up to \$120	Up to \$130	Up to \$130	Up to \$150	Up to \$150
Additional Savings						
Cosmetic Extras - tints, coatings, etc.	20% Discount		20% Discount		20% Discount	
Additional Pairs of Glasses and/or Contact Lenses	20% Discount		20% Discount		20% Discount	
Lasik	Available though LasikPlus® and QualSight® LASIK		Available though LasikPlus® and QualSight® LASIK		Available though LasikPlus® and QualSight® LASIK	
CCH Rates:	Voluntary	Employer Paid	Voluntary	Employer Paid	Voluntary	Employer Paid
Employee Only	\$9.58	\$7.66	\$10.03	\$8.02	\$10.90	\$8.72
Employee + Spouse	\$17.24	\$13.79	\$18.04	\$14.43	\$19.63	\$15.71
Employee + Child(ren)	\$16.88	\$13.50	\$17.68	\$14.14	\$19.22	\$15.38
Employee + Family	\$24.71	\$19.76	\$25.84	\$20.67	\$28.13	\$22.51

# MESVision PLAN OPTIONS

MESVision Option 2 / Plan 4		MESVision Option 2 / Plan 5		MESVision Option 2 / Plan 6		
<b>Benefit</b>	<b>Frequency</b>		<b>Frequency</b>		<b>Frequency</b>	
Exams	Every 12 Months		Every 12 Months		Every 12 Months	
Frames	Every 12 Months		Every 12 Months		Every 12 Months	
Lenses	Every 24 Months		Every 24 Months		Every 24 Months	
<b>COVERED BENEFITS</b>	<b>In Network Allowance</b>	<b>Out of Network Allowance</b>	<b>In Network Allowance</b>	<b>Out of Network Allowance</b>	<b>In Network Allowance</b>	<b>Out of Network Allowance</b>
<b>Exams</b>	<b>\$10 Copay</b>		<b>\$10 Copay</b>		<b>\$10 Copay</b>	
Ophthalmologic Exam	Covered	Up to \$40	Covered	Up to \$40	Covered	Up to \$40
Optometric Exam	Covered	Up to \$40	Covered	Up to \$40	Covered	Up to \$40
<b>Materials</b>	<b>\$20 Copay</b>		<b>\$20 Copay</b>		<b>\$20 Copay</b>	
Frames	Up to \$120	Up to \$40	Up to \$130	Up to \$75	Up to \$150	Up to \$75
Single Vision Lenses	Covered	Up to \$30	Covered	Up to \$30	Covered	Up to \$30
Bifocal Lenses	Covered	Up to \$50	Covered	Up to \$50	Covered	Up to \$50
Trifocal Lenses	Covered	Up to \$65	Covered	Up to \$65	Covered	Up to \$65
Polycarbonate Lenses	Up to \$85	Up to \$55	Up to \$85	Up to \$55	Up to \$85	Up to \$55
Standard Progressive Lenses	Covered	Up to \$65	Covered	Up to \$65	Covered	Up to \$65
Premium Progressive Lenses	Up to \$89.50	Up to \$65	Up to \$89.50	Up to \$65	Up to \$89.50	Up to \$65
Ultra Progressive Lenses	Up to \$89.50	Up to \$65	Up to \$89.50	Up to \$65	Up to \$89.50	Up to \$65
Aphakic Monofocal	Covered	Up to \$125	Covered	Up to \$125	Covered	Up to \$125
Aphakic Multifocal	Covered	Up to \$125	Covered	Up to \$125	Covered	Up to \$125
<b>Contact Lenses</b>	<b>\$20 COPAY</b>		<b>\$20 COPAY</b>		<b>\$20 COPAY</b>	
One Pair Medically Necessary (evaluation, fitting, and materials)	Covered	Up to \$250	Covered	Up to \$250	Covered	Up to \$250
Cosmetic or Convenience (evaluation, fitting, and materials)	Up to \$120	Up to \$120	Up to \$130	Up to \$130	Up to \$150	Up to \$150
<b>Additional Savings</b>						
Cosmetic Extras - tints, coatings, etc.	20% Discount		20% Discount		20% Discount	
Additional Pairs of Glasses and/or Contact Lenses	20% Discount		20% Discount		20% Discount	
Lasik	Available though LasikPlus® and QualSight® LASIK		Available though LasikPlus® and QualSight® LASIK		Available though LasikPlus® and QualSight® LASIK	
<b>CCH Rates:</b>	<b>Voluntary</b>	<b>Employer Paid</b>	<b>Voluntary</b>	<b>Employer Paid</b>	<b>Voluntary</b>	<b>Employer Paid</b>
Employee Only	\$7.82	\$6.26	\$8.15	\$6.53	\$8.83	\$7.07
Employee + Spouse	\$14.09	\$11.27	\$14.70	\$11.75	\$15.91	\$12.73
Employee + Child(ren)	\$13.80	\$11.03	\$14.39	\$11.51	\$15.58	\$12.47
Employee + Family	\$20.19	\$16.15	\$21.06	\$16.85	\$22.80	\$18.23

# MESVision PLAN OPTIONS

	MESVision Option 3 / Plan 7		MESVision Option 3 / Plan 8		MESVision Option 3 / Plan 9	
<b>Benefit</b>	<b>Frequency</b>		<b>Frequency</b>		<b>Frequency</b>	
Exams	Every 12 Months		Every 12 Months		Every 12 Months	
Frames	Every 24 Months		Every 24 Months		Every 24 Months	
Lenses	Every 24 Months		Every 24 Months		Every 24 Months	
<b>COVERED BENEFITS</b>	<b>In Network Allowance</b>	<b>Out of Network Allowance</b>	<b>In Network Allowance</b>	<b>Out of Network Allowance</b>	<b>In Network Allowance</b>	<b>Out of Network Allowance</b>
<b>Exams</b>	<b>\$10 Copay</b>		<b>\$10 Copay</b>		<b>\$10 Copay</b>	
Ophthalmologic Exam	Covered	Up to \$40	Covered	Up to \$40	Covered	Up to \$40
Optometric Exam	Covered	Up to \$40	Covered	Up to \$40	Covered	Up to \$40
<b>Materials</b>	<b>\$10 Copay</b>		<b>\$10 Copay</b>		<b>\$10 Copay</b>	
Frames	Up to \$120	Up to \$40	Up to \$130	Up to \$75	Up to \$150	Up to \$75
Single Vision Lenses	Covered	Up to \$30	Covered	Up to \$30	Covered	Up to \$30
Bifocal Lenses	Covered	Up to \$50	Covered	Up to \$50	Covered	Up to \$50
Trifocal Lenses	Covered	Up to \$65	Covered	Up to \$65	Covered	Up to \$65
Polycarbonate Lenses	Up to \$85	Up to \$55	Up to \$85	Up to \$55	Up to \$85	Up to \$55
Standard Progressive Lenses	Covered	Up to \$65	Covered	Up to \$65	Covered	Up to \$65
Premium Progressive Lenses	Up to \$89.50	Up to \$65	Up to \$89.50	Up to \$65	Up to \$89.50	Up to \$65
Ultra Progressive Lenses	Up to \$89.50	Up to \$65	Up to \$89.50	Up to \$65	Up to \$89.50	Up to \$65
Aphakic Monofocal	Covered	Up to \$125	Covered	Up to \$125	Covered	Up to \$125
Aphakic Multifocal	Covered	Up to \$125	Covered	Up to \$125	Covered	Up to \$125
<b>Contact Lenses</b>	<b>\$10 COPAY</b>		<b>\$20 COPAY</b>		<b>\$20 COPAY</b>	
One Pair Medically Necessary (evaluation, fitting, and materials)	Covered	Up to \$250	Covered	Up to \$250	Covered	Up to \$250
Cosmetic or Convenience (evaluation, fitting, and materials)	Up to \$120	Up to \$120	Up to \$130	Up to \$130	Up to \$150	Up to \$150
<b>Additional Savings</b>						
Cosmetic Extras - tints, coatings, etc.	20% Discount		20% Discount		20% Discount	
Additional Pairs of Glasses and/or Contact Lenses	20% Discount		20% Discount		20% Discount	
Lasik	Available though LasikPlus® and QualSight® LASIK		Available though LasikPlus® and QualSight® LASIK		Available though LasikPlus® and QualSight® LASIK	
<b>CCH Rates:</b>	<b>Voluntary</b>	<b>Employer Paid</b>	<b>Voluntary</b>	<b>Employer Paid</b>	<b>Voluntary</b>	<b>Employer Paid</b>
Employee Only	\$7.21	\$5.77	\$7.48	\$5.99	\$8.02	\$6.42
Employee + Spouse	\$13.00	\$10.40	\$13.48	\$10.78	\$14.45	\$11.56
Employee + Child(ren)	\$12.73	\$10.18	\$13.19	\$10.56	\$14.14	\$11.31
Employee + Family	\$18.62	\$14.90	\$19.31	\$15.45	\$20.70	\$16.56



Right for You. Right for Your Family. Right Next Door.

**Community Care Health's  
Member Service Department  
1 (855) 343-2247**

**[communitycarehealth.org](http://communitycarehealth.org)**