

MACOMB COMMUNITY COLLEGE						
2024 PLAN YEAR - MEDICAL CARE PLAN OPTIONS & RATES						
OPTION	MEDICAL PLAN	STATUS	ANNUAL PREMIUM	ANNUAL HARD CAP	ANNUAL EMPLOYEE CONTRIBUTION	BI-WEEKLY EMPLOYEE CONTRIBUTION*
If eligible for an HSA, the Employee Annual Contribution will be frontloaded						
HDH	Blue Cross Blue Shield HDHP	SINGLE	\$ 7,676.67	\$7,702.85	\$ (26.18)	\$ (1.01)
		2 PERSON	\$ 16,063.92	\$16,109.06	\$ (45.14)	\$ (1.74)
		FAMILY	\$ 20,875.98	\$21,007.83	\$ (131.85)	\$ (5.07)
PPO	Blue Cross Blue Shield PPO	SINGLE	\$ 9,854.13	\$7,702.85	\$ 2,151.28	\$ 82.74
		2 PERSON	\$ 20,617.61	\$16,109.06	\$ 4,508.55	\$ 173.41
		FAMILY	\$ 26,814.39	\$21,007.83	\$ 5,806.56	\$ 223.33
Grandfather Plan for currently enrolled Employees - no longer an option						
HMO	Blue Care Network HMO*	SINGLE	\$ 10,674.60	\$7,702.85	\$ 2,971.75	\$ 114.30
		2 PERSON	\$ 22,320.36	\$16,109.06	\$ 6,211.30	\$ 238.90
		FAMILY	\$ 29,109.36	\$21,007.83	\$ 8,101.53	\$ 311.60