July 1, 2017 to August 31, 2017

Status	Status	Coverage Type	Cov Type/Description	Plan Type	Prescription Copays	Enrollment Type	Monthly	Annual	District %	District Annual	District Monthly	Employee Annual	Employee Monthly	EE 20Pays	Dist 20Pays
Prof School	FT (1.0 FTE)	Medical	BlueChoice 3 Tier (POS)	BC3T20	RX10/20/45	Single (S)	809.49	9,713.88	85%	8,256.80	688.07	1,457.08	121.42	72.86	412.84
Prof School	FT (1.0 FTE)	Medical	BlueChoice 3 Tier (POS)	BC3T20	RX10/20/45	2Person (2P)	1,618.97	19,427.64	85%	16,513.49	1,376.12	2,914.15	242.85	145.71	825.68
Prof School	FT (1.0 FTE)	Medical	BlueChoice 3 Tier (POS)	BC3T20	RX10/20/45	Family (F)	2,185.61	26,227.32	85%	22,293.22	1,857.77	3,934.10	327.84	196.71	1,114.67
Prof School	FT (1.0 FTE)	Medical	Access Blue New England (HMO)	AB20	RX10/20/45	S	740.92	8,891.04	85% BC3T20	8,256.80	688.07	634.24	52.85	31.72	412.84
Prof School	FT (1.0 FTE)	Medical	Access Blue New England (HMO)	AB20	RX10/20/45	2P	1,481.85	17,782.20	85% BC3T20	16,513.49	1,376.12	1,268.71	105.73	63.44	825.68
Prof School	FT (1.0 FTE)	Medical	Access Blue New England (HMO)	AB20	RX10/20/45	F	2,000.50	24,006.00	85% BC3T20	22,293.22	1,857.77	1,712.78	142.73	85.64	1,114.67
Prof School	FT (1.0 FTE)	Medical	Access Blue New England with Deductible (IPDED)	AB15/40IPDED	RX10/20/45	S	637.65	7,651.80	95%	7,269.21	605.77	382.59	31.88	19.13	363.47
Prof School	FT (1.0 FTE)	Medical	Access Blue New England with Deductible (IPDED)	AB15/40IPDED	RX10/20/45	2P	1,275.31	15,303.72	95%	14,538.53	1,211.54	765.19	63.77	38.26	726.93
Prof School	FT (1.0 FTE)	Medical	Access Blue New England with Deductible (IPDED)	AB15/40IPDED	RX10/20/45	F	1,721.66	20,659.92	95%	19,626.92	1,635.58	1,033.00	86.08	51.65	981.35
Prof School	FT (1.0 FTE)	Medical	Health Buyout Per Contract Paid in May with Proof of Other Insurance						100%	3,000.00					
Prof School	FT (1.0 FTE)	Dental	Delta Plan	OPTION 1A		S	41.90	502.80	100%	502.80	41.90	-	-	-	25.14
Prof School	FT (1.0 FTE)	Dental	Delta Plan	OPTION 1A		2P	81.05	972.60	80%	778.08	64.84	194.52	16.21	9.73	38.91
Prof School	FT (1.0 FTE)	Dental	Delta Plan	OPTION 1A		F	146.62	1,759.44	80%	1,407.55	117.30	351.89	29.32	17.60	70.38

September 1, 2017 to June 30, 2018

Status	Status	Coverage Type	Cov Type/Description	Plan Type	Prescription Copays	Enrollment Type	Monthly	Annual	District %	District Annual	District Monthly	Employee Annual	Employee Monthly	EE 20Pays	Dist 20Pays
Prof School	FT (1.0 FTE)	Medical	BlueChoice 2 Tier (POS)	BC2T20	RX10/20/45	Single (S)	793.97	9,527.64	85%	8,098.49	674.87	1,429.15	119.10	71.46	404.93
Prof School	FT (1.0 FTE)	Medical	BlueChoice 2 Tier (POS)	BC2T20	RX10/20/45	2Person (2P)	1,587.94	19,055.28	85%	16,196.99	1,349.75	2,858.29	238.19	142.92	809.85
Prof School	FT (1.0 FTE)	Medical	BlueChoice 2 Tier (POS)	BC2T20	RX10/20/45	Family (F)	2,143.72	25,724.64	85%	21,865.94	1,822.16	3,858.70	321.56	192.94	1,093.30
Prof School	FT (1.0 FTE)	Medical	Access Blue New England (HMO)	AB20	RX10/20/45	S	740.92	8,891.04	85% BC2T20	8,098.49	674.87	792.55	66.05	39.63	404.93
Prof School	FT (1.0 FTE)	Medical	Access Blue New England (HMO)	AB20	RX10/20/45	2P	1,481.85	17,782.20	85% BC2T20	16,196.99	1,349.75	1,585.21	132.10	79.27	809.85
Prof School	FT (1.0 FTE)	Medical	Access Blue New England (HMO)	AB20	RX10/20/45	F	2,000.50	24,006.00	85% BC2T20	21,865.94	1,822.16	2,140.06	178.34	107.01	1,093.30
Prof School	FT (1.0 FTE)	Medical	Access Blue New England with Deductible (IPDED)	AB15/40IPDED	RX10/20/45	S	637.65	7,651.80	95%	7,269.21	605.77	382.59	31.88	19.13	363.47
Prof School	FT (1.0 FTE)	Medical	Access Blue New England with Deductible (IPDED)	AB15/40IPDED	RX10/20/45	2P	1,275.31	15,303.72	95%	14,538.53	1,211.54	765.19	63.77	38.26	726.93
Prof School	FT (1.0 FTE)	Medical	Access Blue New England with Deductible (IPDED)	AB15/40IPDED	RX10/20/45	F	1,721.66	20,659.92	95%	19,626.92	1,635.58	1,033.00	86.08	51.65	981.35
Prof School	FT (1.0 FTE)	Medical	Health Buyout Per Contract Paid in May with Proof of Other Insurance						100%	3,000.00					
Prof School	FT (1.0 FTE)	Dental	Delta Plan	OPTION 1A		S	41.90	502.80	100%	502.80	41.90	-	-	-	25.14
Prof School	FT (1.0 FTE)	Dental	Delta Plan	OPTION 1A		2P	81.05	972.60	80%	778.08	64.84	194.52	16.21	9.73	38.91
Prof School	FT (1.0 FTE)	Dental	Delta Plan	OPTION 1A		F	146.62	1,759.44	80%	1,407.55	117.30	351.89	29.32	17.60	70.38

July 1, 2017 to August 31, 2017

Type	Group	Coverage Type	Cov Type/Description	Plan Type	Prescription Copays	Enrollment Type	Monthly	Annual	District %	District Annual	District Monthly	Employee Annual	Employee Monthly	EE 17Pays	Dist 17Pays
Full-Time 35+ Hours Per Week															
School Year Other	AA|SEC|NSMGF	Medical	BlueChoice 3 Tier (POS)	BC3T20	RX10/20/45	Single (S)	809.49	9,713.88	90%	8,742.49	728.54	971.39	80.95	57.15	514.27
School Year Other	AA|SEC|NSMGF	Medical	BlueChoice 3 Tier (POS)	BC3T20	RX10/20/45	2Person (2P)	1,618.97	19,427.64	90%	17,484.88	1,457.07	1,942.76	161.90	114.28	1,028.53
School Year Other	AA|SEC|NSMGF	Medical	BlueChoice 3 Tier (POS)	BC3T20	RX10/20/45	Family (F)	2,185.61	26,227.32	90%	23,604.59	1,967.05	2,622.73	218.56	154.28	1,388.51
School Year Other	AA|SEC|NSMGF	Medical	Access Blue New England (HMO)	AB20	RX10/20/45	S	740.92	8,891.04	90% BC3T20	8,742.49	728.54	148.55	12.38	8.74	514.27
School Year Other	AA|SEC|NSMGF	Medical	Access Blue New England (HMO)	AB20	RX10/20/45	2P	1,481.85	17,782.20	90% BC3T20	17,484.88	1,457.07	297.32	24.78	17.49	1,028.53
School Year Other	AA|SEC|NSMGF	Medical	Access Blue New England (HMO)	AB20	RX10/20/45	F	2,000.50	24,006.00	90% BC3T20	23,604.59	1,967.05	401.41	33.45	23.62	1,388.51
School Year Other	AA|SEC|NSMGF	Medical	Access Blue New England with Deductible (IPDED)	AB15/40IPDED	RX10/20/45	S	637.65	7,651.80	90% BC3T20 (up to 100%)	7,651.80	637.65	-	-	-	450.11
School Year Other	AA|SEC|NSMGF	Medical	Access Blue New England with Deductible (IPDED)	AB15/40IPDED	RX10/20/45	2P	1,275.31	15,303.72	90% BC3T20 (up to 100%)	15,303.72	1,275.31	-	-	-	900.22
School Year Other	AA|SEC|NSMGF	Medical	Access Blue New England with Deductible (IPDED)	AB15/40IPDED	RX10/20/45	F	1,721.66	20,659.92	90% BC3T20 (up to 100%)	20,659.92	1,721.66	-	-	-	1,215.29
School Year Other	AA|SEC|NSMGF	Medical	Health Buyout Per Employment Agreement Paid in May with Proof of Other Insurance						100%	3,000.00					
School Year Other	AA|SEC|NSMGF	Dental	Delta Plan	OPTION 1A		S	41.90	502.80	100%	502.80	41.90	-	-	-	29.58
School Year Other	AA|SEC|NSMGF	Dental	Delta Plan	OPTION 1A		2P	81.05	972.60	80%	778.08	64.84	194.52	16.21	11.45	45.77
School Year Other	AA|SEC|NSMGF	Dental	Delta Plan	OPTION 1A		F	146.62	1,759.44	80%	1,407.55	117.30	351.89	29.32	20.70	82.80
Full-Time Equivalent 30 to <35 Hours Per Week															
School Year Other	AA|SEC|IT|NS|NSMGR	Medical	BlueChoice 3 Tier (POS)	BC3T20	RX10/20/45	Single (S)	809.49	9,713.88	55%	5,342.63	445.22	4,371.25	364.27	257.14	314.28
School Year Other	AA|SEC|IT|NS|NSMGR	Medical	BlueChoice 3 Tier (POS)	BC3T20	RX10/20/45	2Person (2P)	1,618.97	19,427.64	55% BC3T20 (S)	5,342.63	445.22	14,085.01	1,173.75	828.53	314.28
School Year Other	AA|SEC|IT|NS|NSMGR	Medical	BlueChoice 3 Tier (POS)	BC3T20	RX10/20/45	Family (F)	2,185.61	26,227.32	55% BC3T20 (S)	5,342.63	445.22	20,884.69	1,740.39	1,228.52	314.28
School Year Other	AA|SEC|IT|NS|NSMGR	Medical	Access Blue New England (HMO)	AB20	RX10/20/45	S	740.92	8,891.04	55% BC3T20 (S)	5,342.63	445.22	3,548.41	295.70	208.73	314.28
School Year Other	AA|SEC|IT|NS|NSMGR	Medical	Access Blue New England (HMO)	AB20	RX10/20/45	2P	1,481.85	17,782.20	55% BC3T20 (S)	5,342.63	445.22	12,439.57	1,036.63	731.74	314.28
School Year Other	AA|SEC|IT|NS|NSMGR	Medical	Access Blue New England (HMO)	AB20	RX10/20/45	F	2,000.50	24,006.00	55% BC3T20 (S)	5,342.63	445.22	18,663.37	1,555.28	1,097.85	314.28
School Year Other	AA|SEC|IT|NS|NSMGR	Medical	Access Blue New England with Deductible (IPDED)	AB15/40IPDED	RX10/20/45	S	637.65	7,651.80	60%	4,591.08	382.59	3,060.72	255.06	180.05	270.07
School Year Other	AA|SEC|IT|NS|NSMGR	Medical	Access Blue New England with Deductible (IPDED)	AB15/40IPDED	RX10/20/45	2P	1,275.31	15,303.72	60% IPDED (S)	4,591.08	382.59	10,712.64	892.72	630.16	270.07
School Year Other	AA|SEC|IT|NS|NSMGR	Medical	Access Blue New England with Deductible (IPDED)	AB15/40IPDED	RX10/20/45	F	1,721.66	20,659.92	60% IPDED (S)	4,591.08	382.59	16,068.84	1,339.07	945.23	270.07
School Year Other	AA|SEC|IT|NS	Dental	Delta Plan	OPTION 1A		S	41.90	502.80	0%	-	-	502.80	41.90	29.58	-
School Year Other	AA|SEC|IT|NS	Dental	Delta Plan	OPTION 1A		2P	81.05	972.60	0%	-	-	972.60	81.05	57.22	-
School Year Other	AA|SEC|IT|NS	Dental	Delta Plan	OPTION 1A		F	146.62	1,759.44	0%	-	-	1,759.44	146.62	103.50	-
School Year Other	NSMGR	Dental	Delta Plan	OPTION 1A		S	41.90	502.80	50%	251.40	20.95	251.40	20.95	14.79	14.79
School Year Other	NSMGR	Dental	Delta Plan	OPTION 1A		2P	81.05	972.60	50% Sing CAP	251.40	20.95	721.20	60.10	42.43	14.79
School Year Other	NSMGR	Dental	Delta Plan	OPTION 1A		F	146.62	1759.44	50% Sing CAP	251.40	20.95	1508.04	125.67	88.71	14.79

AA=Admin Assist, SEC=Secretary/Clerical, NSMGF=Nutrition Services Manager Grandfathered, NS=Nutrition Services, NSMGR=Nutrition Services Manager Not Grandfathered, IT=IT TECH

September 1, 2017 to June 30, 2018

Type	Group	Coverage Type	Cov Type/Description	Plan Type	Prescription Copays	Enrollment Type	Monthly	Annual	District %	District Annual	District Monthly	Employee Annual	Employee Monthly	EE 17Pays	Dist 17Pays
Full-Time 35+ Hours Per Week															
School Year Other	AA|SEC|NSMGF	Medical	BlueChoice 2 Tier (POS)	BC2T20	RX10/20/45	Single (S)	793.97	9,527.64	90%	8,574.88	714.57	952.76	79.40	56.05	504.41
School Year Other	AA|SEC|NSMGF	Medical	BlueChoice 2 Tier (POS)	BC2T20	RX10/20/45	2Person (2P)	1,587.94	19,055.28	90%	17,149.75	1,429.15	1,905.53	158.79	112.09	1,008.81
School Year Other	AA|SEC|NSMGF	Medical	BlueChoice 2 Tier (POS)	BC2T20	RX10/20/45	Family (F)	2,143.72	25,724.64	90%	23,152.18	1,929.35	2,572.46	214.37	151.33	1,361.90
School Year Other	AA|SEC|NSMGF	Medical	Access Blue New England (HMO)	AB20	RX10/20/45	S	740.92	8,891.04	90% BC2T20	8,574.88	714.57	316.16	26.35	18.60	504.41
School Year Other	AA|SEC|NSMGF	Medical	Access Blue New England (HMO)	AB20	RX10/20/45	2P	1,481.85	17,782.20	90% BC2T20	17,149.75	1,429.15	632.45	52.70	37.21	1,008.81
School Year Other	AA|SEC|NSMGF	Medical	Access Blue New England (HMO)	AB20	RX10/20/45	F	2,000.50	24,006.00	90% BC2T20	23,152.18	1,929.35	853.82	71.15	50.23	1,361.90
School Year Other	AA|SEC|NSMGF	Medical	Access Blue New England with Deductible (IPDED)	AB15/40IPDED	RX10/20/45	S	637.65	7,651.80	90% BC2T20 (up to 100%)	7,651.80	637.65	-	-	-	450.11
School Year Other	AA|SEC|NSMGF	Medical	Access Blue New England with Deductible (IPDED)	AB15/40IPDED	RX10/20/45	2P	1,275.31	15,303.72	90% BC2T20 (up to 100%)	15,303.72	1,275.31	-	-	-	900.22
School Year Other	AA|SEC|NSMGF	Medical	Access Blue New England with Deductible (IPDED)	AB15/40IPDED	RX10/20/45	F	1,721.66	20,659.92	90% BC2T20 (up to 100%)	20,659.92	1,721.66	-	-	-	1,215.29
School Year Other	AA|SEC|NSMGF	Medical	Health Buyout Per Employment Agreement Paid in May with Proof of Other Insurance						100%	3,000.00					
School Year Other	AA|SEC|NSMGF	Dental	Delta Plan	OPTION 1A		S	41.90	502.80	100%	502.80	41.90	-	-	-	29.58
School Year Other	AA|SEC|NSMGF	Dental	Delta Plan	OPTION 1A		2P	81.05	972.60	80%	778.08	64.84	194.52	16.21	11.45	45.77
School Year Other	AA|SEC|NSMGF	Dental	Delta Plan	OPTION 1A		F	146.62	1,759.44	80%	1,407.55	117.30	351.89	29.32	20.70	82.80
School Year Other	AA|SEC|NSMGF	Dental	Delta Plan-Grandfathered	OPTION 1A		S	41.90	502.80	100%	502.80	41.90	-	-	-	29.58
School Year Other	AA|SEC|NSMGF	Dental	Delta Plan-Grandfathered	OPTION 1A		2P	81.05	972.60	100%	972.60	81.05	-	-	-	57.22
School Year Other	AA|SEC|NSMGF	Dental	Delta Plan-Grandfathered	OPTION 1A		F	146.62	1,759.44	100%	1,759.44	146.62	-	-	-	103.50
Full-Time Equivalent 30 to <35 Hours Per Week															
School Year Other	AA|SEC|IT|NS|NSMGR	Medical	BlueChoice 2 Tier (POS)	BC2T20	RX10/20/45	Single (S)	793.97	9,527.64	55%	5,240.20	436.68	4,287.44	357.29	252.21	308.25
School Year Other	AA|SEC|IT|NS|NSMGR	Medical	BlueChoice 2 Tier (POS)	BC2T20	RX10/20/45	2Person (2P)	1,587.94	19,055.28	55% BCT20 (S)	5,240.20	436.68	13,815.08	1,151.26	812.66	308.25
School Year Other	AA|SEC|IT|NS|NSMGR	Medical	BlueChoice 2 Tier (POS)	BC2T20	RX10/20/45	Family (F)	2,143.72	25,724.64	55% BCT20 (S)	5,240.20	436.68	20,484.44	1,707.04	1,204.97	308.25
School Year Other	AA|SEC|IT|NS|NSMGR	Medical	Access Blue New England (HMO)	AB20	RX10/20/45	S	740.92	8,891.04	60%	5,334.62	444.55	3,556.42	296.37	209.21	313.81
School Year Other	AA|SEC|IT|NS|NSMGR	Medical	Access Blue New England (HMO)	AB20	RX10/20/45	2P	1,481.85	17,782.20	60% AB20 (S)	5,334.62	444.55	12,447.58	1,037.30	732.22	313.81
School Year Other	AA|SEC|IT|NS|NSMGR	Medical	Access Blue New England (HMO)	AB20	RX10/20/45	F	2,000.50	24,006.00	60% AB20 (S)	5,334.62	444.55	18,671.38	1,555.95	1,098.32	313.81
School Year Other	AA|SEC|IT|NS|NSMGR	Medical	Access Blue New England with Deductible (IPDED)	AB15/40IPDED	RX10/20/45	S	637.65	7,651.80	70%	5,356.26	446.36	2,295.54	191.30	135.04	315.08
School Year Other	AA|SEC|IT|NS|NSMGR	Medical	Access Blue New England with Deductible (IPDED)	AB15/40IPDED	RX10/20/45	2P	1,275.31	15,303.72	70% IPDED (S)	5,356.26	446.36	9,947.46	828.96	585.15	315.08
School Year Other	AA|SEC|IT|NS|NSMGR	Medical	Access Blue New England with Deductible (IPDED)	AB15/40IPDED	RX10/20/45	F	1,721.66	20,659.92	70% IPDED (S)	5,356.26	446.36	15,303.66	1,275.31	900.22	315.08
School Year Other	AA|SEC|IT|NS	Dental	Delta Plan	OPTION 1A		S	41.90	502.80	0%	-	-	502.80	41.90	29.58	-
School Year Other	AA|SEC|IT|NS	Dental	Delta Plan	OPTION 1A		2P	81.05	972.60	0%	-	-	972.60	81.05	57.22	-
School Year Other	AA|SEC|IT|NS	Dental	Delta Plan	OPTION 1A		F	146.62	1,759.44	0%	-	-	1,759.44	146.62	103.50	-
School Year Other	NSMGR	Dental	Delta Plan	OPTION 1A		S	41.90	502.80	50%	251.40	20.95	251.40	20.95	14.79	14.79
School Year Other	NSMGR	Dental	Delta Plan	OPTION 1A		2P	81.05	972.60	50% Sing CAP	251.40	20.95	721.20	60.10	42.43	14.79
School Year Other	NSMGR	Dental	Delta Plan	OPTION 1A		F	146.62	1759.44	50% Sing CAP	251.40	20.95	1508.04	125.67	88.71	14.79

AA=Admin Assist, SEC=Secretary/Clerical, NSMGF=Nutrition Services Manager Grandfathered, NS=Nutrition Services, NSMGR=Nutrition Services Manager Not Grandfathered, IT=IT TECH

July 1, 2017 to August 31, 2017

Type	Group	Coverage Type	Cov Type/Description	Plan Type	Prescription Copays	Enrollment Type	Monthly	Annual	District %	District Annual	District Monthly	Employee Annual	Employee Monthly	EE 24Pays	Dist 24Pays
Full-Time 35+ Hours Per Week (and all ADM)															
Year-Round	ADM|CUST|AA|SAU|IT	Medical	BlueChoice 3 Tier (POS)	BC3T20	RX10/20/45	Single (S)	809.49	9,713.88	90%	8,742.49	728.54	971.39	80.95	40.48	364.28
Year-Round	ADM|CUST|AA|SAU|IT	Medical	BlueChoice 3 Tier (POS)	BC3T20	RX10/20/45	2Person (2P)	1,618.97	19,427.64	90%	17,484.88	1,457.07	1,942.76	161.90	80.95	728.54
Year-Round	ADM|CUST|AA|SAU|IT	Medical	BlueChoice 3 Tier (POS)	BC3T20	RX10/20/45	Family (F)	2,185.61	26,227.32	90%	23,604.59	1,967.05	2,622.73	218.56	109.29	983.53
Year-Round	ADM|CUST|AA|SAU|IT	Medical	Access Blue New England (HMO)	AB20	RX10/20/45	S	740.92	8,891.04	90% BC3T20	8,742.49	728.54	148.55	12.38	6.19	364.28
Year-Round	ADM|CUST|AA|SAU|IT	Medical	Access Blue New England (HMO)	AB20	RX10/20/45	2P	1,481.85	17,782.20	90% BC3T20	17,484.88	1,457.07	297.32	24.78	12.39	728.54
Year-Round	ADM|CUST|AA|SAU|IT	Medical	Access Blue New England (HMO)	AB20	RX10/20/45	F	2,000.50	24,006.00	90% BC3T20	23,604.59	1,967.05	401.41	33.45	16.73	983.53
Year-Round	ADM|CUST|AA|SAU|IT	Medical	Access Blue New England with Deductible (IPDED)	AB15/40IPDED	RX10/20/45	S	637.65	7,651.80	90% BC3T20 (up to 100%)	7,651.80	637.65	-	-	-	318.83
Year-Round	ADM|CUST|AA|SAU|IT	Medical	Access Blue New England with Deductible (IPDED)	AB15/40IPDED	RX10/20/45	2P	1,275.31	15,303.72	90% BC3T20 (up to 100%)	15,303.72	1,275.31	-	-	-	637.66
Year-Round	ADM|CUST|AA|SAU|IT	Medical	Access Blue New England with Deductible (IPDED)	AB15/40IPDED	RX10/20/45	F	1,721.66	20,659.92	90% BC3T20 (up to 100%)	20,659.92	1,721.66	-	-	-	860.83
Year-Round	ADM|CUST|AA|SAU|IT	Medical	Health Buyout Per Employment Agreement Paid in May with Proof of Other Insurance						100%	3,000.00					
Year-Round	CUST|AA|SAU|IT	Dental	Delta Plan	OPTION 1A		S	41.90	502.80	100%	502.80	41.90	-	-	-	20.95
Year-Round	CUST|AA|SAU|IT	Dental	Delta Plan	OPTION 1A		2P	81.05	972.60	80%	778.08	64.84	194.52	16.21	8.11	32.42
Year-Round	CUST|AA|SAU|IT	Dental	Delta Plan	OPTION 1A		F	146.62	1,759.44	80%	1,407.55	117.30	351.89	29.32	14.67	58.65
Year-Round	ADM|SAUGF	Dental	Delta Plan	OPTION 1A		S	41.90	502.80	100%	502.80	41.90	-	-	-	20.95
Year-Round	ADM|SAUGF	Dental	Delta Plan	OPTION 1A		2P	81.05	972.60	100%	972.60	81.05	-	-	-	40.53
Year-Round	ADM|SAUGF	Dental	Delta Plan	OPTION 1A		F	146.62	1,759.44	100%	1,759.44	146.62	-	-	-	73.31
Full-Time Equivalent 30 to <35 Hours Per Week															
Year-Round	CUST|AA|SAU|IT	Medical	BlueChoice 3 Tier (POS)	BC3T20	RX10/20/45	Single (S)	809.49	9,713.88	55%	5,342.63	445.22	4,371.25	364.27	182.14	222.61
Year-Round	CUST|AA|SAU|IT	Medical	BlueChoice 3 Tier (POS)	BC3T20	RX10/20/45	2Person (2P)	1,618.97	19,427.64	55% BC3T20 (S)	5,342.63	445.22	14,085.01	1,173.75	586.88	222.61
Year-Round	CUST|AA|SAU|IT	Medical	BlueChoice 3 Tier (POS)	BC3T20	RX10/20/45	Family (F)	2,185.61	26,227.32	55% BC3T20 (S)	5,342.63	445.22	20,884.69	1,740.39	870.20	222.61
Year-Round	CUST|AA|SAU|IT	Medical	Access Blue New England (HMO)	AB20	RX10/20/45	S	740.92	8,891.04	55% BC3T20 (S)	5,342.63	445.22	3,548.41	295.70	147.86	222.61
Year-Round	CUST|AA|SAU|IT	Medical	Access Blue New England (HMO)	AB20	RX10/20/45	2P	1,481.85	17,782.20	55% BC3T20 (S)	5,342.63	445.22	12,439.57	1,036.63	518.32	222.61
Year-Round	CUST|AA|SAU|IT	Medical	Access Blue New England (HMO)	AB20	RX10/20/45	F	2,000.50	24,006.00	55% BC3T20 (S)	5,342.63	445.22	18,663.37	1,555.28	777.65	222.61
Year-Round	CUST|AA|SAU|IT	Medical	Access Blue New England with Deductible (IPDED)	AB15/40IPDED	RX10/20/45	S	637.65	7,651.80	60%	4,591.08	382.59	3,060.72	255.06	127.53	191.30
Year-Round	CUST|AA|SAU|IT	Medical	Access Blue New England with Deductible (IPDED)	AB15/40IPDED	RX10/20/45	2P	1,275.31	15,303.72	60% IPDED (S)	4,591.08	382.59	10,712.64	892.72	446.36	191.30
Year-Round	CUST|AA|SAU|IT	Medical	Access Blue New England with Deductible (IPDED)	AB15/40IPDED	RX10/20/45	F	1,721.66	20,659.92	60% IPDED (S)	4,591.08	382.59	16,068.84	1,339.07	669.54	191.30
Year-Round	CUST|AA|SAU|IT	Dental	Delta Plan	OPTION 1A		S	41.90	502.80	0%	-	-	502.80	41.90	20.95	-
Year-Round	CUST|AA|SAU|IT	Dental	Delta Plan	OPTION 1A		2P	81.05	972.60	0%	-	-	972.60	81.05	40.53	-
Year-Round	CUST|AA|SAU|IT	Dental	Delta Plan	OPTION 1A		F	146.62	1,759.44	0%	-	-	1,759.44	146.62	73.31	-

ADM=Administrator, CUST=Custodial, AA=Admin Assist/Clerical, SAU=SAU Staff members, SAUGF=SAU Grandfathered, IT - IT SYS NETWORK ADMIN

September 1, 2017 to June 30, 2018

Type	Group	Coverage Type	Cov Type/Description	Plan Type	Prescription Copays	Enrollment Type	Monthly	Annual	District %	District Annual	District Monthly	Employee Annual	Employee Monthly	EE 24Pays	Dist 24Pays
Full-Time 35+ Hours Per Week (and all ADM)															
Year-Round	ADM|CUST|AA|SAU|IT	Medical	BlueChoice 2 Tier (POS)	BC2T20	RX10/20/45	Single (S)	793.97	9,527.64	90%	8,574.88	714.57	952.76	79.40	39.70	357.29
Year-Round	ADM|CUST|AA|SAU|IT	Medical	BlueChoice 2 Tier (POS)	BC2T20	RX10/20/45	2Person (2P)	1,587.94	19,055.28	90%	17,149.75	1,429.15	1,905.53	158.79	79.40	714.58
Year-Round	ADM|CUST|AA|SAU|IT	Medical	BlueChoice 2 Tier (POS)	BC2T20	RX10/20/45	Family (F)	2,143.72	25,724.64	90%	23,152.18	1,929.35	2,572.46	214.37	107.19	964.68
Year-Round	ADM|CUST|AA|SAU|IT	Medical	Access Blue New England (HMO)	AB20	RX10/20/45	S	740.92	8,891.04	90% BC2T20	8,574.88	714.57	316.16	26.35	13.18	357.29
Year-Round	ADM|CUST|AA|SAU|IT	Medical	Access Blue New England (HMO)	AB20	RX10/20/45	2P	1,481.85	17,782.20	90% BC2T20	17,149.75	1,429.15	632.45	52.70	26.36	714.58
Year-Round	ADM|CUST|AA|SAU|IT	Medical	Access Blue New England (HMO)	AB20	RX10/20/45	F	2,000.50	24,006.00	90% BC2T20	23,152.18	1,929.35	853.82	71.15	35.58	964.68
Year-Round	ADM|CUST|AA|SAU|IT	Medical	Access Blue New England with Deductible (IPDED)	AB15/40IPDED	RX10/20/45	S	637.65	7,651.80	90% BC2T20 (up to 100%)	7,651.80	637.65	-	-	-	318.83
Year-Round	ADM|CUST|AA|SAU|IT	Medical	Access Blue New England with Deductible (IPDED)	AB15/40IPDED	RX10/20/45	2P	1,275.31	15,303.72	90% BC2T20 (up to 100%)	15,303.72	1,275.31	-	-	-	637.66
Year-Round	ADM|CUST|AA|SAU|IT	Medical	Access Blue New England with Deductible (IPDED)	AB15/40IPDED	RX10/20/45	F	1,721.66	20,659.92	90% BC2T20 (up to 100%)	20,659.92	1,721.66	-	-	-	860.83
Year-Round	ADM|CUST|AA|SAU|IT	Medical	Health Buyout Per Employment Agreement Paid in May with Proof of Other Insurance						100%	3,000.00					
Year-Round	CUST|AA|SAU|IT	Dental	Delta Plan	OPTION 1A		S	41.90	502.80	100%	502.80	41.90	-	-	-	20.95
Year-Round	CUST|AA|SAU|IT	Dental	Delta Plan	OPTION 1A		2P	81.05	972.60	80%	778.08	64.84	194.52	16.21	8.11	32.42
Year-Round	CUST|AA|SAU|IT	Dental	Delta Plan	OPTION 1A		F	146.62	1,759.44	80%	1,407.55	117.30	351.89	29.32	14.67	58.65
Year-Round	ADM|SAUGF	Dental	Delta Plan	OPTION 1A		S	41.90	502.80	100%	502.80	41.90	-	-	-	20.95
Year-Round	ADM|SAUGF	Dental	Delta Plan	OPTION 1A		2P	81.05	972.60	100%	972.60	81.05	-	-	-	40.53
Year-Round	ADM|SAUGF	Dental	Delta Plan	OPTION 1A		F	146.62	1,759.44	100%	1,759.44	146.62	-	-	-	73.31
Full-Time Equivalent 30 to <35 Hours Per Week															
Year-Round	CUST|AA|SAU|IT	Medical	BlueChoice 2 Tier (POS)	BC2T20	RX10/20/45	Single (S)	793.97	9,527.64	55%	5,240.20	436.68	4,287.44	357.29	178.65	218.35
Year-Round	CUST|AA|SAU|IT	Medical	BlueChoice 2 Tier (POS)	BC2T20	RX10/20/45	2Person (2P)	1,587.94	19,055.28	55% BC2T20 (S)	5,240.20	436.68	13,815.08	1,151.26	575.63	218.35
Year-Round	CUST|AA|SAU|IT	Medical	BlueChoice 2 Tier (POS)	BC2T20	RX10/20/45	Family (F)	2,143.72	25,724.64	55% BC2T20 (S)	5,240.20	436.68	20,484.44	1,707.04	853.52	218.35
Year-Round	CUST|AA|SAU|IT	Medical	Access Blue New England (HMO)	AB20	RX10/20/45	S	740.92	8,891.04	60%	5,334.62	444.55	3,556.42	296.37	148.19	222.28
Year-Round	CUST|AA|SAU|IT	Medical	Access Blue New England (HMO)	AB20	RX10/20/45	2P	1,481.85	17,782.20	60% AB20 (S)	5,334.62	444.55	12,447.58	1,037.30	518.65	222.28
Year-Round	CUST|AA|SAU|IT	Medical	Access Blue New England (HMO)	AB20	RX10/20/45	F	2,000.50	24,006.00	60% AB20 (S)	5,334.62	444.55	18,671.38	1,555.95	777.98	222.28
Year-Round	CUST|AA|SAU|IT	Medical	Access Blue New England with Deductible (IPDED)	AB15/40IPDED	RX10/20/45	S	637.65	7,651.80	70%	5,356.26	446.36	2,295.54	191.30	95.65	223.18
Year-Round	CUST|AA|SAU|IT	Medical	Access Blue New England with Deductible (IPDED)	AB15/40IPDED	RX10/20/45	2P	1,275.31	15,303.72	70% IPDED (S)	5,356.26	446.36	9,947.46	828.96	414.48	223.18
Year-Round	CUST|AA|SAU|IT	Medical	Access Blue New England with Deductible (IPDED)	AB15/40IPDED	RX10/20/45	F	1,721.66	20,659.92	70% IPDED (S)	5,356.26	446.36	15,303.66	1,275.31	637.66	223.18
Year-Round	CUST|AA|SAU|IT	Dental	Delta Plan	OPTION 1A		S	41.90	502.80	0%	-	-	502.80	41.90	20.95	-
Year-Round	CUST|AA|SAU|IT	Dental	Delta Plan	OPTION 1A		2P	81.05	972.60	0%	-	-	972.60	81.05	40.53	-
Year-Round	CUST|AA|SAU|IT	Dental	Delta Plan	OPTION 1A		F	146.62	1,759.44	0%	-	-	1,759.44	146.62	73.31	-

ADM=Administrator, CUST=Custodial, AA=Admin Assist/Clerical, SAU=SAU Staff members, SAUGF=SAU Grandfathered, IT - IT TECH