July 1, 2018 to June 30, 2019

Status	Status	Coverage Type	Cov Type/Description	Plan Type	Prescription Copays	Enrollment Type	Monthly	Annual	District %	District Annual	District Monthly	Employee Annual	Employee Monthly	PESPA Equal Pay EE 20Pays	PESPA Equal Pay Dist 20Pays	PESPA Actual Hours EE 17Pays	PESPA Actual Hours Dist 17Pays
PESPA	30+ HRS/WK	Medical	BlueChoice 2 Tier (POS)	BC2T20	RX10/20/45	Single (S)	782.86	9,394.32	55%	5,166.88	430.57	4,227.44	352.29	211.38	258.35	248.68	303.94
PESPA	30+ HRS/WK	Medical	BlueChoice 2 Tier (POS)	BC2T20	RX10/20/45	2Person (2P)	1,565.71	18,788.52	55% BC2T20 (S)	5,166.88	430.57	13,621.64	1,135.14	681.09	258.35	801.28	303.94
PESPA	30+ HRS/WK	Medical	BlueChoice 2 Tier (POS)	BC2T20	RX10/20/45	Family (F)	2,113.71	25,364.52	55% BC2T20 (S)	5,166.88	430.57	20,197.64	1,683.14	1,009.89	258.35	1,188.10	303.94
PESPA	30+ HRS/WK	Medical	Access Blue New England (HMO)	AB20	RX10/20/45	S	730.55	8,766.60	60%	5,259.96	438.33	3,506.64	292.22	175.34	263.00	206.28	309.41
PESPA	30+ HRS/WK	Medical	Access Blue New England (HMO)	AB20	RX10/20/45	2P	1,461.10	17,533.20	60% AB20 (S)	5,259.96	438.33	12,273.24	1,022.77	613.67	263.00	721.96	309.41
PESPA	30+ HRS/WK	Medical	Access Blue New England (HMO)	AB20	RX10/20/45	F	1,972.49	23,669.88	60% AB20 (S)	5,259.96	438.33	18,409.92	1,534.16	920.50	263.00	1,082.94	309.41
PESPA	30+ HRS/WK	Medical	Access Blue New England with Deductible (IPDED)	AB15/40IPDED	RX10/20/45	S	628.73	7,544.76	70%	5,281.33	440.11	2,263.43	188.62	113.18	264.07	133.15	310.67
PESPA	30+ HRS/WK	Medical	Access Blue New England with Deductible (IPDED)	AB15/40IPDED	RX10/20/45	2P	1,257.45	15,089.40	70% IPDED (S)	5,281.33	440.11	9,808.07	817.34	490.41	264.07	576.95	310.67
PESPA	30+ HRS/WK	Medical	Access Blue New England with Deductible (IPDED)	AB15/40IPDED	RX10/20/45	F	1,697.56	20,370.72	70% IPDED (S)	5,281.33	440.11	15,089.39	1,257.45	754.47	264.07	887.62	310.67
PESPA	30+ HRS/WK	Dental	Delta Plan	OPTION 1A		S	42.86	514.32	0%	-	-	514.32	42.86	25.72	-	30.26	-
PESPA	30+ HRS/WK	Dental	Delta Plan	OPTION 1A		2P	82.92	995.04	0%	-	-	995.04	82.92	49.76	-	58.54	-
PESPA	30+ HRS/WK	Dental	Delta Plan	OPTION 1A		F	149.99	1,799.88	0%	-	-	1,799.88	149.99	90.00	-	105.88	-
GF=Grandfathered Per CBA																	
PESPA	GF (14-15)	Medical	BlueChoice 2 Tier (POS)	BC2T20	RX10/20/45	Single (S)	782.86	9,394.32	83%	7,797.29	649.77	1,597.03	133.09	79.86	389.87	93.95	458.67
PESPA	GF (14-15)	Medical	BlueChoice 2 Tier (POS)	BC2T20	RX10/20/45	2Person (2P)	1,565.71	18,788.52	83%	15,594.47	1,299.54	3,194.05	266.17	159.71	779.73	187.89	917.33
PESPA	GF (14-15)	Medical	Access Blue New England (HMO)	AB20	RX10/20/45	S	730.55	8,766.60	83% BC2T20	7,797.29	649.77	969.31	80.78	48.47	389.87	57.02	458.67
PESPA	GF (14-15)	Medical	Access Blue New England (HMO)	AB20	RX10/20/45	2P	1,461.10	17,533.20	83% BC2T20	15,594.47	1,299.54	1,938.73	161.56	96.94	779.73	114.05	917.33
PESPA	GF (14-15)	Medical	Access Blue New England with Deductible (IPDED)	AB15/40IPDED	RX10/20/45	S	628.73	7,544.76	83% BC2T20 (up to 100%)	7,544.76	628.73	-	-	-	377.24	-	443.81
PESPA	GF (14-15)	Medical	Access Blue New England with Deductible (IPDED)	AB15/40IPDED	RX10/20/45	2P	1,257.45	15,089.40	83% BC2T20 (up to 100%)	15,089.40	1,257.45	-	-	-	754.47	-	887.62
PESPA	GF (14-15)	Dental	Delta Plan	OPTION 1A		S	42.86	514.32	100%	514.32	42.86	-	-	-	25.72	-	30.26
PESPA	GF (14-15)	Dental	Delta Plan	OPTION 1A		2P	82.92	995.04	80%	796.03	66.34	199.01	16.58	9.96	39.81	11.71	46.83
PESPA	GF (14-15)	Dental	Delta Plan	OPTION 1A		F	149.99	1,799.88	80%	1,439.90	119.99	359.98	30.00	18.00	72.00	21.18	84.70