## 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 | EE 20Pays | Dist 20Pays |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Prof School | FT (1.0 FTE) | Medical | BlueChoice 2 Tier (POS) | BC2T20 | RX10/20/45 | Single (S) | 782.86 | 9,394.32 | 85% | 7,985.17 | 665.43 | 1,409.15 | 117.43 | 70.46 | 399.26 |
| Prof School | FT (1.0 FTE) | Medical | BlueChoice 2 Tier (POS) | BC2T20 | RX10/20/45 | 2Person (2P) | 1,565.71 | 18,788.52 | 85% | 15,970.24 | 1,330.85 | 2,818.28 | 234.86 | 140.92 | 798.52 |
| Prof School | FT (1.0 FTE) | Medical | BlueChoice 2 Tier (POS) | BC2T20 | RX10/20/45 | Family (F) | 2,113.71 | 25,364.52 | 85% | 21,559.84 | 1,796.65 | 3,804.68 | 317.06 | 190.24 | 1,078.00 |
| Prof School | FT (1.0 FTE) | Medical | Access Blue New England (HMO) | AB20 | RX10/20/45 | S | 730.55 | 8,766.60 | 85% BC2T20 | 7,985.17 | 665.43 | 781.43 | 65.12 | 39.08 | 399.26 |
| Prof School | FT (1.0 FTE) | Medical | Access Blue New England (HMO) | AB20 | RX10/20/45 | 2P | 1,461.10 | 17,533.20 | 85% BC2T20 | 15,970.24 | 1,330.85 | 1,562.96 | 130.25 | 78.15 | 798.52 |
| Prof School | FT (1.0 FTE) | Medical | Access Blue New England (HMO) | AB20 | RX10/20/45 | F | 1,972.49 | 23,669.88 | 85% BC2T20 | 21,559.84 | 1,796.65 | 2,110.04 | 175.84 | 105.51 | 1,078.00 |
| Prof School | FT (1.0 FTE) | Medical | Access Blue New England with Deductible (IPDED) | AB15/40IPDED | RX10/20/45 | S | 628.73 | 7,544.76 | 95% | 7,167.52 | 597.29 | 377.24 | 31.44 | 18.87 | 358.38 |
| Prof School | FT (1.0 FTE) | Medical | Access Blue New England with Deductible (IPDED) | AB15/40IPDED | RX10/20/45 | 2P | 1,257.45 | 15,089.40 | 95% | 14,334.93 | 1,194.58 | 754.47 | 62.87 | 37.73 | 716.75 |
| Prof School | FT (1.0 FTE) | Medical | Access Blue New England with Deductible (IPDED) | AB15/40IPDED | RX10/20/45 | F | 1,697.56 | 20,370.72 | 95% | 19,352.18 | 1,612.68 | 1,018.54 | 84.88 | 50.93 | 967.61 |
| 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 | 42.86 | 514.32 | 100% | 514.32 | 42.86 | - | - | - | 25.72 |
| Prof School | FT (1.0 FTE) | Dental | Delta Plan | OPTION 1A | | 2P | 82.92 | 995.04 | 80% | 796.03 | 66.34 | 199.01 | 16.58 | 9.96 | 39.81 |
| Prof School | FT (1.0 FTE) | 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 |

## July 1, 2018 to June 30, 2019

| 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\|NSMGR | Medical | BlueChoice 2 Tier (POS) | BC2T20 | RX10/20/45 | Single (S) | 782.86 | 9,394.32 | 90% | 8,454.89 | 704.57 | 939.43 | 78.29 | 55.27 | 497.35 |
| School Year Other | AA\|SEC\|NSMGR | Medical | BlueChoice 2 Tier (POS) | BC2T20 | RX10/20/45 | 2Person (2P) | 1,565.71 | 18,788.52 | 90% | 16,909.67 | 1,409.14 | 1,878.85 | 156.57 | 110.53 | 994.69 |
| School Year Other | AA\|SEC\|NSMGR | Medical | BlueChoice 2 Tier (POS) | BC2T20 | RX10/20/45 | Family (F) | 2,113.71 | 25,364.52 | 90% | 22,828.07 | 1,902.34 | 2,536.45 | 211.37 | 149.21 | 1,342.83 |
| School Year Other | AA\|SEC\|NSMGR | Medical | Access Blue New England (HMO) | AB20 | RX10/20/45 | S | 730.55 | 8,766.60 | 90% BC2T20 | 8,454.89 | 704.57 | 311.71 | 25.98 | 18.34 | 497.35 |
| School Year Other | AA\|SEC\|NSMGR | Medical | Access Blue New England (HMO) | AB20 | RX10/20/45 | 2P | 1,461.10 | 17,533.20 | 90% BC2T20 | 16,909.67 | 1,409.14 | 623.53 | 51.96 | 36.68 | 994.69 |
| School Year Other | AA\|SEC\|NSMGR | Medical | Access Blue New England (HMO) | AB20 | RX10/20/45 | F | 1,972.49 | 23,669.88 | 90% BC2T20 | 22,828.07 | 1,902.34 | 841.81 | 70.15 | 49.52 | 1,342.83 |
| School Year Other | AA\|SEC\|NSMGR | Medical | Access Blue New England with Deductible (IPDED) | AB15/40IPDED | RX10/20/45 | S | 628.73 | 7,544.76 | 90% BC2T20 (up to 100%) | 7,544.76 | 628.73 | - | - | - | 443.81 |
| School Year Other | AA\|SEC\|NSMGR | Medical | Access Blue New England with Deductible (IPDED) | AB15/40IPDED | RX10/20/45 | 2P | 1,257.45 | 15,089.40 | 90% BC2T20 (up to 100%) | 15,089.40 | 1,257.45 | - | - | - | 887.62 |
| School Year Other | AA\|SEC\|NSMGR | Medical | Access Blue New England with Deductible (IPDED) | AB15/40IPDED | RX10/20/45 | F | 1,697.56 | 20,370.72 | 90% BC2T20 (up to 100%) | 20,370.72 | 1,697.56 | - | - | - | 1,198.28 |
| School Year Other | AA\|SEC\|NSMGR | Medical | Health Buyout Per Employment Agreement Paid in May with Proof of Other Insurance | | | | | | 100% | 3,000.00 | | | | | |
| School Year Other | AA\|SEC\|NSMGR | Dental | Delta Plan | OPTION 1A | | S | 42.86 | 514.32 | 100% | 514.32 | 42.86 | - | - | - | 30.26 |
| School Year Other | AA\|SEC\|NSMGR | Dental | Delta Plan | OPTION 1A | | 2P | 82.92 | 995.04 | 80% | 796.03 | 66.34 | 199.01 | 16.58 | 11.71 | 46.83 |
| School Year Other | AA\|SEC\|NSMGR | Dental | Delta Plan | OPTION 1A | | F | 149.99 | 1,799.88 | 80% | 1,439.90 | 119.99 | 359.98 | 30.00 | 21.18 | 84.70 |
| School Year Other | AA\|SEC\|NSMGR | Dental | Delta Plan-Grandfathered | OPTION 1A | | S | 42.86 | 514.32 | 100% | 514.32 | 42.86 | - | - | - | 30.26 |
| School Year Other | AA\|SEC\|NSMGR | Dental | Delta Plan-Grandfathered | OPTION 1A | | 2P | 82.92 | 995.04 | 100% | 995.04 | 82.92 | - | - | - | 58.54 |
| School Year Other | AA\|SEC\|NSMGR | Dental | Delta Plan-Grandfathered | OPTION 1A | | F | 149.99 | 1,799.88 | 100% | 1,799.88 | 149.99 | - | - | - | 105.88 |
| **Full-Time Equivalent 30 to <35 Hours Per Week** | | | | | | | | | | | | | | | |
| School Year Other | AA\|SEC\|IT\|NS\|NSMGF | 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 | 248.68 | 303.94 |
| School Year Other | AA\|SEC\|IT\|NS\|NSMGF | Medical | BlueChoice 2 Tier (POS) | BC2T20 | RX10/20/45 | 2Person (2P) | 1,565.71 | 18,788.52 | 55% BCT20 (S) | 5,166.88 | 430.57 | 13,621.64 | 1,135.14 | 801.28 | 303.94 |
| School Year Other | AA\|SEC\|IT\|NS\|NSMGF | Medical | BlueChoice 2 Tier (POS) | BC2T20 | RX10/20/45 | Family (F) | 2,113.71 | 25,364.52 | 55% BCT20 (S) | 5,166.88 | 430.57 | 20,197.64 | 1,683.14 | 1,188.10 | 303.94 |
| School Year Other | AA\|SEC\|IT\|NS\|NSMGF | 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 | 206.28 | 309.41 |
| School Year Other | AA\|SEC\|IT\|NS\|NSMGF | 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 | 721.96 | 309.41 |
| School Year Other | AA\|SEC\|IT\|NS\|NSMGF | 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 | 1,082.94 | 309.41 |
| School Year Other | AA\|SEC\|IT\|NS\|NSMGF | 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 | 133.15 | 310.67 |
| School Year Other | AA\|SEC\|IT\|NS\|NSMGF | 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 | 576.95 | 310.67 |
| School Year Other | AA\|SEC\|IT\|NS\|NSMGF | 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 | 887.62 | 310.67 |
| School Year Other | NSMGF | Dental | Delta Plan | OPTION 1A | | S | 42.86 | 514.32 | 50% | 257.16 | 21.43 | 257.16 | 21.43 | 15.13 | 15.13 |
| School Year Other | NSMGF | Dental | Delta Plan | OPTION 1A | | 2P | 82.92 | 995.04 | 50% Sing CAP | 257.16 | 21.43 | 737.88 | 61.49 | 43.41 | 15.13 |
| School Year Other | NSMGF | Dental | Delta Plan | OPTION 1A | | F | 149.99 | 1799.88 | 50% Sing CAP | 257.16 | 21.43 | 1542.72 | 128.56 | 90.75 | 15.13 |

AA=Admin Assist, SEC=Secretary/Clerical, NSMGF=Nutrition Services Manager Grandfathered, NS=Nutrition Services, NSMGR=Nutrition Services Manager, IT=IT TECH

## July 1, 2018 to June 30, 2019

| 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) | 782.86 | 9,394.32 | 90% | 8,454.89 | 704.57 | 939.43 | 78.29 | 39.15 | 352.29 |
| Year-Round | ADM\|CUST\|AA\|SAU\|IT | Medical | BlueChoice 2 Tier (POS) | BC2T20 | RX10/20/45 | 2Person (2P) | 1,565.71 | 18,788.52 | 90% | 16,909.67 | 1,409.14 | 1,878.85 | 156.57 | 78.29 | 704.57 |
| Year-Round | ADM\|CUST\|AA\|SAU\|IT | Medical | BlueChoice 2 Tier (POS) | BC2T20 | RX10/20/45 | Family (F) | 2,113.71 | 25,364.52 | 90% | 22,828.07 | 1,902.34 | 2,536.45 | 211.37 | 105.69 | 951.17 |
| Year-Round | ADM\|CUST\|AA\|SAU\|IT | Medical | Access Blue New England (HMO) | AB20 | RX10/20/45 | S | 730.55 | 8,766.60 | 90% BC2T20 | 8,454.89 | 704.57 | 311.71 | 25.98 | 12.99 | 352.29 |
| Year-Round | ADM\|CUST\|AA\|SAU\|IT | Medical | Access Blue New England (HMO) | AB20 | RX10/20/45 | 2P | 1,461.10 | 17,533.20 | 90% BC2T20 | 16,909.67 | 1,409.14 | 623.53 | 51.96 | 25.99 | 704.57 |
| Year-Round | ADM\|CUST\|AA\|SAU\|IT | Medical | Access Blue New England (HMO) | AB20 | RX10/20/45 | F | 1,972.49 | 23,669.88 | 90% BC2T20 | 22,828.07 | 1,902.34 | 841.81 | 70.15 | 35.08 | 951.17 |
| Year-Round | ADM\|CUST\|AA\|SAU\|IT | Medical | Access Blue New England with Deductible (IPDED) | AB15/40IPDED | RX10/20/45 | S | 628.73 | 7,544.76 | 90% BC2T20 (up to 100%) | 7,544.76 | 628.73 | - | - | - | 314.37 |
| Year-Round | ADM\|CUST\|AA\|SAU\|IT | Medical | Access Blue New England with Deductible (IPDED) | AB15/40IPDED | RX10/20/45 | 2P | 1,257.45 | 15,089.40 | 90% BC2T20 (up to 100%) | 15,089.40 | 1,257.45 | - | - | - | 628.73 |
| Year-Round | ADM\|CUST\|AA\|SAU\|IT | Medical | Access Blue New England with Deductible (IPDED) | AB15/40IPDED | RX10/20/45 | F | 1,697.56 | 20,370.72 | 90% BC2T20 (up to 100%) | 20,370.72 | 1,697.56 | - | - | - | 848.78 |
| 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 | 42.86 | 514.32 | 100% | 514.32 | 42.86 | - | - | - | 21.43 |
| Year-Round | CUST\|AA\|SAU\|IT | Dental | Delta Plan | OPTION 1A | | 2P | 82.92 | 995.04 | 80% | 796.03 | 66.34 | 199.01 | 16.58 | 8.30 | 33.17 |
| Year-Round | CUST\|AA\|SAU\|IT | Dental | Delta Plan | OPTION 1A | | F | 149.99 | 1,799.88 | 80% | 1,439.90 | 119.99 | 359.98 | 30.00 | 15.00 | 60.00 |
| Year-Round | ADM\|SAUGF | Dental | Delta Plan | OPTION 1A | | S | 42.86 | 514.32 | 100% | 514.32 | 42.86 | - | - | - | 21.43 |
| Year-Round | ADM\|SAUGF | Dental | Delta Plan | OPTION 1A | | 2P | 82.92 | 995.04 | 100% | 995.04 | 82.92 | - | - | - | 41.46 |
| Year-Round | ADM\|SAUGF | Dental | Delta Plan | OPTION 1A | | F | 149.99 | 1,799.88 | 100% | 1,799.88 | 149.99 | - | - | - | 75.00 |
| **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) | 782.86 | 9,394.32 | 55% | 5,166.88 | 430.57 | 4,227.44 | 352.29 | 176.15 | 215.29 |
| Year-Round | CUST\|AA\|SAU\|IT | 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 | 567.57 | 215.29 |
| Year-Round | CUST\|AA\|SAU\|IT | 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 | 841.57 | 215.29 |
| Year-Round | CUST\|AA\|SAU\|IT | 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 | 146.11 | 219.17 |
| Year-Round | CUST\|AA\|SAU\|IT | 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 | 511.39 | 219.17 |
| Year-Round | CUST\|AA\|SAU\|IT | 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 | 767.08 | 219.17 |
| Year-Round | CUST\|AA\|SAU\|IT | 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 | 94.31 | 220.06 |
| Year-Round | CUST\|AA\|SAU\|IT | 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 | 408.67 | 220.06 |
| Year-Round | CUST\|AA\|SAU\|IT | 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 | 628.73 | 220.06 |

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