July 1, 2019 to June 30, 2020

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)	814.96	9,779.52	55%	5,378.74	448.23	4,400.78	366.73	220.04	268.94	258.87	316.40
PESPA	30+ HRS/WK	Medical	BlueChoice 2 Tier (POS)	BC2T20	RX10/20/45	2Person (2P)	1,629.91	19,558.92	55% BC2T20 (S)	5,378.74	448.23	14,180.18	1,181.68	709.01	268.94	834.13	316.40
PESPA	30+ HRS/WK	Medical	BlueChoice 2 Tier (POS)	BC2T20	RX10/20/45	Family (F)	2,200.38	26,404.56	55% BC2T20 (S)	5,378.74	448.23	21,025.82	1,752.15	1,051.30	268.94	1,236.82	316.40
PESPA	30+ HRS/WK	Medical	Access Blue New England (HMO)	AB20	RX10/20/45	S	760.51	9,126.12	60%	5,475.67	456.31	3,650.45	304.20	182.53	273.79	214.74	322.10
PESPA	30+ HRS/WK	Medical	Access Blue New England (HMO)	AB20	RX10/20/45	2P	1,521.02	18,252.24	60% AB20 (S)	5,475.67	456.31	12,776.57	1,064.71	638.83	273.79	751.57	322.10
PESPA	30+ HRS/WK	Medical	Access Blue New England (HMO)	AB20	RX10/20/45	F	2,053.37	24,640.44	60% AB20 (S)	5,475.67	456.31	19,164.77	1,597.06	958.24	273.79	1,127.34	322.10
PESPA	30+ HRS/WK	Medical	Access Blue New England with Deductible (IPDED)	AB15/40IPDED	RX10/20/45	S	654.51	7,854.12	70%	5,497.88	458.16	2,356.24	196.35	117.82	274.90	138.61	323.41
PESPA	30+ HRS/WK	Medical	Access Blue New England with Deductible (IPDED)	AB15/40IPDED	RX10/20/45	2P	1,309.01	15,708.12	70% IPDED (S)	5,497.88	458.16	10,210.24	850.85	510.52	274.90	600.61	323.41
PESPA	30+ HRS/WK	Medical	Access Blue New England with Deductible (IPDED)	AB15/40IPDED	RX10/20/45	F	1,767.17	21,206.04	70% IPDED (S)	5,497.88	458.16	15,708.16	1,309.01	785.41	274.90	924.01	323.41
PESPA	30+ HRS/WK	Dental	Delta Plan	OPTION 1A		S	43.85	526.20	0%	-	-	526.20	43.85	26.31	-	30.96	-
PESPA	30+ HRS/WK	Dental	Delta Plan	OPTION 1A		2P	84.82	1,017.84	0%	-	-	1,017.84	84.82	50.90	-	59.88	-
PESPA	30+ HRS/WK	Dental	Delta Plan	OPTION 1A		F	153.44	1,841.28	0%	-	-	1,841.28	153.44	92.07	-	108.32	-
GF=Grandfathered Per CBA																	
PESPA	GF (14-15)	Medical	BlueChoice 2 Tier (POS)	BC2T20	RX10/20/45	Single (S)	814.96	9,779.52	83%	8,117.00	676.42	1,662.52	138.54	83.13	405.85	97.80	477.48
PESPA	GF (14-15)	Medical	BlueChoice 2 Tier (POS)	BC2T20	RX10/20/45	2Person (2P)	1,629.91	19,558.92	83%	16,233.90	1,352.83	3,325.02	277.09	166.26	811.70	195.59	954.94
PESPA	GF (14-15)	Medical	Access Blue New England (HMO)	AB20	RX10/20/45	S	760.51	9,126.12	83% BC2T20	8,117.00	676.42	1,009.12	84.09	50.46	405.85	59.36	477.48
PESPA	GF (14-15)	Medical	Access Blue New England (HMO)	AB20	RX10/20/45	2P	1,521.02	18,252.24	83% BC2T20	16,233.90	1,352.83	2,018.34	168.20	100.92	811.70	118.73	954.94
PESPA	GF (14-15)	Medical	Access Blue New England with Deductible (IPDED)	AB15/40IPDED	RX10/20/45	S	654.51	7,854.12	83% BC2T20 (up to 100%)	7,854.12	654.51	-	-	-	392.71	-	462.01
PESPA	GF (14-15)	Medical	Access Blue New England with Deductible (IPDED)	AB15/40IPDED	RX10/20/45	2P	1,309.01	15,708.12	83% BC2T20 (up to 100%)	15,708.12	1,309.01	-	-	-	785.41	-	924.01
PESPA	GF (14-15)	Dental	Delta Plan	OPTION 1A		S	43.85	526.20	100%	526.20	43.85	-	-	-	26.31	-	30.96
PESPA	GF (14-15)	Dental	Delta Plan	OPTION 1A		2P	84.82	1,017.84	80%	814.27	67.86	203.57	16.96	10.18	40.72	11.98	47.90
PESPA	GF (14-15)	Dental	Delta Plan	OPTION 1A		F	153.44	1,841.28	80%	1,473.02	122.75	368.26	30.69	18.42	73.66	21.67	86.65