

Pelham School District - Insurance Rates

July 1, 2024 to June 30, 2025

Type	Group	Coverage Type	Cov Type/Description	Plan Type	Prescription Copays (R-Retail; M-Mail)	Enrollment Type	Monthly	Annual	District Amount	District Annual	District Monthly	Employee Annual	Employee Monthly	EE 24Pays	Dist 24Pays
<b>Full-Time 35+ Hours Per Week (and all ADM)</b>															
Year-Round	ADM SUPT CUST AA SAU IT	Medical	Access Blue New England (HMO)	AB20	R10/25/40   M10/40/70	Single (S)	1,060.46	12,725.52	80%	10,180.42	848.37	2,545.10	212.09	106.05	424.19
Year-Round	ADM SUPT CUST AA SAU IT	Medical	Access Blue New England (HMO)	AB20	R10/25/40   M10/40/70	2Person (2P)	2,120.93	25,451.16	80%	20,360.93	1,696.74	5,090.23	424.19	212.10	848.38
Year-Round	ADM SUPT CUST AA SAU IT	Medical	Access Blue New England (HMO)	AB20	R10/25/40   M10/40/70	Family (F)	2,863.25	34,359.00	80%	27,487.20	2,290.60	6,871.80	572.65	286.33	1,145.30
Year-Round	ADM SUPT CUST AA SAU IT	Medical	Access Blue New England Deductible Site of Service	ABSOS20/40 1K	R10/25/40   M10/40/70	S	854.82	10,257.84	100%	10,257.84	854.82	-	-	-	427.41
Year-Round	ADM SUPT CUST AA SAU IT	Medical	Access Blue New England Deductible Site of Service	ABSOS20/40 1K	R10/25/40   M10/40/70	2P	1,709.63	20,515.56	100%	20,515.56	1,709.63	-	-	-	854.82
Year-Round	ADM SUPT CUST AA SAU IT	Medical	Access Blue New England Deductible Site of Service	ABSOS20/40 1K	R10/25/40   M10/40/70	F	2,308.00	27,696.00	100%	27,696.00	2,308.00	-	-	-	1,154.00
Year-Round	ADM SUPT CUST AA SAU IT	Medical	Health Buyout Per Employment Agreement Paid in May with Proof of Other Insurance	WAIVE					100%	3,000.00					
Year-Round, Supt	SUPT CUST AA SAU IT	Dental	Delta Plan	OPTION 1S (2K)		S	51.63	619.56	100%	619.56	51.63	-	-	-	25.82
Year-Round, Supt	SUPT CUST AA SAU IT	Dental	Delta Plan	OPTION 1S (2K)		2P	99.74	1,196.88	80%	957.50	79.79	239.38	19.95	9.98	39.90
Year-Round, Supt	SUPT CUST AA SAU IT	Dental	Delta Plan	OPTION 1S (2K)		F	178.41	2,140.92	80%	1,712.74	142.73	428.18	35.68	17.85	71.37
Year-Round	ADM SAUGF	Dental	Delta Plan	OPTION 1S (2K)		S	51.63	619.56	100%	619.56	51.63	-	-	-	25.82
Year-Round	ADM SAUGF	Dental	Delta Plan	OPTION 1S (2K)		2P	99.74	1,196.88	100%	1,196.88	99.74	-	-	-	49.87
Year-Round	ADM SAUGF	Dental	Delta Plan	OPTION 1S (2K)		F	178.41	2,140.92	100%	2,140.92	178.41	-	-	-	89.21
<b>Full-Time Equivalent 30 to &lt;35 Hours Per Week</b>															
Year-Round	CUST AA SAU IT	Medical	Access Blue New England (HMO)	AB20	R10/25/40   M10/40/70	S	1,060.46	12,725.52	\$8,153.00	8,153.00	679.42	4,572.52	381.04	190.53	339.71
Year-Round	CUST AA SAU IT	Medical	Access Blue New England (HMO)	AB20	R10/25/40   M10/40/70	2P	2,120.93	25,451.16	\$8,153.00	8,153.00	679.42	17,298.16	1,441.51	720.76	339.71
Year-Round	CUST AA SAU IT	Medical	Access Blue New England (HMO)	AB20	R10/25/40   M10/40/70	F	2,863.25	34,359.00	\$8,153.00	8,153.00	679.42	26,206.00	2,183.83	1,091.92	339.71
Year-Round	CUST AA SAU IT	Medical	Access Blue New England Deductible Site of Service	ABSOS20/40 1K	R10/25/40   M10/40/70	S	854.82	10,257.84	\$8,153.00	8,153.00	679.42	2,104.84	175.40	87.71	339.71
Year-Round	CUST AA SAU IT	Medical	Access Blue New England Deductible Site of Service	ABSOS20/40 1K	R10/25/40   M10/40/70	2P	1,709.63	20,515.56	\$8,153.00	8,153.00	679.42	12,362.56	1,030.21	515.11	339.71
Year-Round	CUST AA SAU IT	Medical	Access Blue New England Deductible Site of Service	ABSOS20/40 1K	R10/25/40   M10/40/70	F	2,308.00	27,696.00	\$8,153.00	8,153.00	679.42	19,543.00	1,628.58	814.30	339.71

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

July 1, 2024 to June 30, 2025

Type	Group	Coverage Type	Cov Type/Description	Plan Type	Prescription Copays (R-Retail; M-Mail)	Enrollment Type	Monthly	Annual	District %	District Annual	District Monthly	Employee Annual	Employee Monthly	EE 17Pays	Dist 17Pays
<b>Full-Time 35+ Hours Per Week</b>															
School Year Other	AA SEC NSMGR	Medical	Access Blue New England (HMO)	AB20	R10/25/40   M10/40/70	Single (S)	1,060.46	12,725.52	80%	10,180.42	848.37	2,545.10	212.09	149.72	598.85
School Year Other	AA SEC NSMGR	Medical	Access Blue New England (HMO)	AB20	R10/25/40   M10/40/70	2Person (2P)	2,120.93	25,451.16	80%	20,360.93	1,696.74	5,090.23	424.19	299.43	1,197.71
School Year Other	AA SEC NSMGR	Medical	Access Blue New England (HMO)	AB20	R10/25/40   M10/40/70	Family (F)	2,863.25	34,359.00	80%	27,487.20	2,290.60	6,871.80	572.65	404.23	1,616.90
School Year Other	AA SEC NSMGR	Medical	Access Blue New England Deductible Site of Service	ABSOS20/40 1K	R10/25/40   M10/40/70	S	854.82	10,257.84	100%	10,257.84	854.82	-	-	-	603.41
School Year Other	AA SEC NSMGR	Medical	Access Blue New England Deductible Site of Service	ABSOS20/40 1K	R10/25/40   M10/40/70	2P	1,709.63	20,515.56	100%	20,515.56	1,709.63	-	-	-	1,206.80
School Year Other	AA SEC NSMGR	Medical	Access Blue New England Deductible Site of Service	ABSOS20/40 1K	R10/25/40   M10/40/70	F	2,308.00	27,696.00	100%	27,696.00	2,308.00	-	-	-	1,629.18
School Year Other	AA SEC NSMGR	Medical	Health Buyout Per Employment Agreement Paid in May with Proof of Other Insurance	WAIVE					100%	3,000.00					
School Year Other	AA SEC NSMGR	Dental	Delta Plan	OPTION 1S (2K)		S	51.63	619.56	100%	619.56	51.63	-	-	-	36.45
School Year Other	AA SEC NSMGR	Dental	Delta Plan	OPTION 1S (2K)		2P	99.74	1,196.88	80%	957.50	79.79	239.38	19.95	14.09	56.33
School Year Other	AA SEC NSMGR	Dental	Delta Plan	OPTION 1S (2K)		F	178.41	2,140.92	80%	1,712.74	142.73	428.18	35.68	25.19	100.75
<b>Full-Time Equivalent 30 to &lt;35 Hours Per Week</b>															
School Year Other	AA SEC IT NS	Medical	Access Blue New England (HMO)	AB20	R10/25/40   M10/40/70	Single (S)	1,060.46	12,725.52	\$8,153	8,153.00	679.42	4,572.52	381.04	268.98	479.59
School Year Other	AA SEC IT NS	Medical	Access Blue New England (HMO)	AB20	R10/25/40   M10/40/70	2Person (2P)	2,120.93	25,451.16	\$8,153	8,153.00	679.42	17,298.16	1,441.51	1,017.54	479.59
School Year Other	AA SEC IT NS	Medical	Access Blue New England (HMO)	AB20	R10/25/40   M10/40/70	Family (F)	2,863.25	34,359.00	\$8,153	8,153.00	679.42	26,206.00	2,183.83	1,541.53	479.59
School Year Other	AA SEC IT NS	Medical	Access Blue New England Deductible Site of Service	ABSOS20/40 1K	R10/25/40   M10/40/70	S	854.82	10,257.84	\$8,153	8,153.00	679.42	2,104.84	175.40	123.82	479.59
School Year Other	AA SEC IT NS	Medical	Access Blue New England Deductible Site of Service	ABSOS20/40 1K	R10/25/40   M10/40/70	2P	1,709.63	20,515.56	\$8,153	8,153.00	679.42	12,362.56	1,030.21	727.21	479.59
School Year Other	AA SEC IT NS	Medical	Access Blue New England Deductible Site of Service	ABSOS20/40 1K	R10/25/40   M10/40/70	F	2,308.00	27,696.00	\$8,153	8,153.00	679.42	19,543.00	1,628.58	1,149.59	479.59

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

Pelham School District - Insurance Rates

July 1, 2024 to June 30, 2025

Status	Status	Coverage Type	Cov Type/Description	Plan Type	Prescription Copays (R-Retail; M-Mail)	Enrollment Type	Monthly	Annual	District %	District Annual	District Monthly	Employee Annual	Employee Monthly	EE 20Pays	Dist 20Pays
Prof School	FT (1.0 FTE)	Medical	Access Blue New England (HMO)	AB20	R10/25/40   M10/40/70	Single (S)	1,060.46	12,725.52	80%	10,180.42	848.37	2,545.10	212.09	127.26	509.03
Prof School	FT (1.0 FTE)	Medical	Access Blue New England (HMO)	AB20	R10/25/40   M10/40/70	2Person (2P)	2,120.93	25,451.16	80%	20,360.93	1,696.74	5,090.23	424.19	254.52	1,018.05
Prof School	FT (1.0 FTE)	Medical	Access Blue New England (HMO)	AB20	R10/25/40   M10/40/70	Family (F)	2,863.25	34,359.00	80%	27,487.20	2,290.60	6,871.80	572.65	343.59	1,374.36
Prof School	FT (1.0 FTE)	Medical	Access Blue New England Deductible Site of Service	ABSOS20/40 1K	R10/25/40   M10/40/70	S	854.82	10,257.84	100%	10,257.84	854.82	-	-	-	512.90
Prof School	FT (1.0 FTE)	Medical	Access Blue New England Deductible Site of Service	ABSOS20/40 1K	R10/25/40   M10/40/70	2P	1,709.63	20,515.56	100%	20,515.56	1,709.63	-	-	-	1,025.78
Prof School	FT (1.0 FTE)	Medical	Access Blue New England Deductible Site of Service	ABSOS20/40 1K	R10/25/40   M10/40/70	F	2,308.00	27,696.00	100%	27,696.00	2,308.00	-	-	-	1,384.80
Prof School	FT (1.0 FTE)	Medical	Health Buyout Per Contract Paid in May with Proof of Other Insurance	WAIVE					100%	3,000.00					
Prof School	FT (1.0 FTE)	Dental	Delta Plan	OPTION 1S (2K)		S	51.63	619.56	100%	619.56	51.63	-	-	-	30.98
Prof School	FT (1.0 FTE)	Dental	Delta Plan	OPTION 1S (2K)		2P	99.74	1,196.88	80%	957.50	79.79	239.38	19.95	11.97	47.88
Prof School	FT (1.0 FTE)	Dental	Delta Plan	OPTION 1S (2K)		F	178.41	2,140.92	80%	1,712.74	142.73	428.18	35.68	21.41	85.64