

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
Full-Time 35+ Hours Per Week (and all ADM)															
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
Full-Time Equivalent 30 to <35 Hours Per Week															
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

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 %	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	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
Full-Time Equivalent 30 to <35 Hours Per Week															
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

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

Pelham School District - Insurance Rates

July 1, 2024 to August 31, 2024

Type	Status	Coverage Type	Cov Type/Description	Plan Type	Prescription Copays (R-Retail; M-Mail)		Enrollment			District Annual	District Monthly	Employee Annual	Employee Monthly	EE 20Pays	Dist 20Pays	
							Type	Monthly	Annual	District %						
Teachers - PEA	FT (1.0 FTE)	Medical	BlueChoice 2 Tier (POS)	BC2T20	R10/25/40 M10/40/70		Single (S)	1,136.39	13,636.68	85%	11,591.18	965.93	2,045.50	170.46	102.28	579.56
Teachers - PEA	FT (1.0 FTE)	Medical	BlueChoice 2 Tier (POS)	BC2T20	R10/25/40 M10/40/70		2Person (2P)	2,272.79	27,273.48	85%	23,182.46	1,931.87	4,091.02	340.92	204.56	1,159.13
Teachers - PEA	FT (1.0 FTE)	Medical	BlueChoice 2 Tier (POS)	BC2T20	R10/25/40 M10/40/70		Family (F)	3,068.26	36,819.12	85%	31,296.25	2,608.02	5,522.87	460.24	276.15	1,564.82
Teachers - PEA	FT (1.0 FTE)	Medical	Access Blue New England (HMO)	AB20	R10/25/40 M10/40/70		S	1,060.46	12,725.52	85% BC2T20	11,591.18	965.93	1,134.34	94.53	56.72	579.56
Teachers - PEA	FT (1.0 FTE)	Medical	Access Blue New England (HMO)	AB20	R10/25/40 M10/40/70		2P	2,120.93	25,451.16	85% BC2T20	23,182.46	1,931.87	2,268.70	189.06	113.44	1,159.13
Teachers - PEA	FT (1.0 FTE)	Medical	Access Blue New England (HMO)	AB20	R10/25/40 M10/40/70		F	2,863.25	34,359.00	85% BC2T20	31,296.25	2,608.02	3,062.75	255.23	153.14	1,564.82
Teachers - PEA	FT (1.0 FTE)	Medical	Access Blue New England with Deductible (IPDED)	AB15/40 1K	R10/25/40 M10/40/70		S	912.66	10,951.92	95%	10,404.32	867.03	547.60	45.63	27.38	520.22
Teachers - PEA	FT (1.0 FTE)	Medical	Access Blue New England with Deductible (IPDED)	AB15/40 1K	R10/25/40 M10/40/70		2P	1,825.32	21,903.84	95%	20,808.65	1,734.05	1,095.19	91.27	54.76	1,040.44
Teachers - PEA	FT (1.0 FTE)	Medical	Access Blue New England with Deductible (IPDED)	AB15/40 1K	R10/25/40 M10/40/70		F	2,464.19	29,570.28	95%	28,091.77	2,340.98	1,478.51	123.21	73.93	1,404.59
Teachers - PEA	FT (1.0 FTE)	Medical	Health Buyout Teacher Paid in May with Proof of Other Insurance	WAIVE						100%	3,000.00	-				
Teachers - PEA	FT (1.0 FTE)	Dental	Delta Plan	OPTION 1A (1K)			S	47.70	572.40	100%	572.40	47.70	-	-	-	28.62
Teachers - PEA	FT (1.0 FTE)	Dental	Delta Plan	OPTION 1A (1K)			2P	92.27	1,107.24	80%	885.79	73.82	221.45	18.45	11.08	44.29
Teachers - PEA	FT (1.0 FTE)	Dental	Delta Plan	OPTION 1A (1K)			F	166.91	2,002.92	80%	1,602.34	133.53	400.58	33.38	20.03	80.12
Teachers - PEA	PT (0.63 FTE)	Medical	BlueChoice 2 Tier (POS)	BC2T20	R10/25/40 M10/40/70		Single (S)	1,136.39	13,636.68	63% of Benefit	7,302.44	608.54	6,334.24	527.85	316.72	365.13
Teachers - PEA	PT (0.63 FTE)	Medical	BlueChoice 2 Tier (POS)	BC2T20	R10/25/40 M10/40/70		2Person (2P)	2,272.79	27,273.48	63% of Benefit	14,604.95	1,217.08	12,668.53	1,055.71	633.43	730.25
Teachers - PEA	PT (0.63 FTE)	Medical	BlueChoice 2 Tier (POS)	BC2T20	R10/25/40 M10/40/70		Family (F)	3,068.26	36,819.12	63% of Benefit	19,716.64	1,643.05	17,102.48	1,425.21	855.13	985.84
Teachers - PEA	PT (0.63 FTE)	Medical	Access Blue New England (HMO)	AB20	R10/25/40 M10/40/70		S	1,060.46	12,725.52	63% of Benefit	7,302.44	608.54	5,423.08	451.92	271.16	365.13
Teachers - PEA	PT (0.63 FTE)	Medical	Access Blue New England (HMO)	AB20	R10/25/40 M10/40/70		2P	2,120.93	25,451.16	63% of Benefit	14,604.95	1,217.08	10,846.21	903.85	542.32	730.25
Teachers - PEA	PT (0.63 FTE)	Medical	Access Blue New England (HMO)	AB20	R10/25/40 M10/40/70		F	2,863.25	34,359.00	63% of Benefit	19,716.64	1,643.05	14,642.36	1,220.20	732.12	985.84
Teachers - PEA	PT (0.63 FTE)	Medical	Access Blue New England with Deductible (IPDED)	AB15/40 5K	R10/25/40 M10/40/70		S	912.66	10,951.92	63% of Benefit	6,554.72	546.23	4,397.20	366.43	219.86	327.74
Teachers - PEA	PT (0.63 FTE)	Medical	Access Blue New England with Deductible (IPDED)	AB15/40 5K	R10/25/40 M10/40/70		2P	1,825.32	21,903.84	63% of Benefit	13,109.45	1,092.45	8,794.39	732.87	439.72	655.48
Teachers - PEA	PT (0.63 FTE)	Medical	Access Blue New England with Deductible (IPDED)	AB15/40 5K	R10/25/40 M10/40/70		F	2,464.19	29,570.28	63% of Benefit	17,697.82	1,474.82	11,872.46	989.37	593.63	884.90
Teachers - PEA	PT (0.63 FTE)	Medical	Health Buyout Teacher Paid in May with Proof of Other Insurance	WAIVE						63% of Benefit	1,890.00	-				
Teachers - PEA	PT (0.63 FTE)	Dental	Delta Plan	OPTION 1A (1K)			S	47.70	572.40	63% of Benefit	360.61	30.05	211.79	17.65	10.59	18.04
Teachers - PEA	PT (0.63 FTE)	Dental	Delta Plan	OPTION 1A (1K)			2P	92.27	1,107.24	63% of Benefit	558.05	46.50	549.19	45.77	27.46	27.91
Teachers - PEA	PT (0.63 FTE)	Dental	Delta Plan	OPTION 1A (1K)			F	166.91	2,002.92	63% of Benefit	1,009.47	84.12	993.45	82.79	49.68	50.48

Pelham School District - Insurance Rates

September 1, 2024 to June 30, 2025

Type	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
Teachers - PEA	FT (1.0 FTE)	Medical	Access Blue New England (HMO)	AB20	R10/25/40 M10/40/70	S	1,060.46	12,725.52	85%	10,816.69	901.39	1,908.83	159.07	95.45	540.84
Teachers - PEA	FT (1.0 FTE)	Medical	Access Blue New England (HMO)	AB20	R10/25/40 M10/40/70	2P	2,120.93	25,451.16	85%	21,633.49	1,802.79	3,817.67	318.14	190.89	1,081.68
Teachers - PEA	FT (1.0 FTE)	Medical	Access Blue New England (HMO)	AB20	R10/25/40 M10/40/70	F	2,863.25	34,359.00	85%	29,205.15	2,433.76	5,153.85	429.49	257.70	1,460.26
Teachers - PEA	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
Teachers - PEA	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
Teachers - PEA	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
Teachers - PEA	FT (1.0 FTE)	Medical	Health Buyout Teacher Paid in May with Proof of Other Insurance	WAIVE					100%	3,000.00	-				
Teachers - PEA	FT (1.0 FTE)	Dental	Delta Plan	OPTION 1S (2K)		S	51.63	619.56	100%	619.56	51.63	-	-	-	30.98
Teachers - PEA	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
Teachers - PEA	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
Teachers - PEA	PT (0.63 FTE)	Medical	Access Blue New England (HMO)	AB20	R10/25/40 M10/40/70	S	1,060.46	12,725.52	63% of Benefit	6,814.51	567.88	5,911.01	492.58	295.56	340.73
Teachers - PEA	PT (0.63 FTE)	Medical	Access Blue New England (HMO)	AB20	R10/25/40 M10/40/70	2P	2,120.93	25,451.16	63% of Benefit	13,629.10	1,135.76	11,822.06	985.17	591.11	681.46
Teachers - PEA	PT (0.63 FTE)	Medical	Access Blue New England (HMO)	AB20	R10/25/40 M10/40/70	F	2,863.25	34,359.00	63% of Benefit	18,399.24	1,533.27	15,959.76	1,329.98	797.99	919.97
Teachers - PEA	PT (0.63 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	63% of Benefit	6,462.44	538.54	3,795.40	316.28	189.77	323.13
Teachers - PEA	PT (0.63 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	63% of Benefit	12,924.80	1,077.07	7,590.76	632.56	379.54	646.24
Teachers - PEA	PT (0.63 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	63% of Benefit	17,448.48	1,454.04	10,247.52	853.96	512.38	872.43
Teachers - PEA	PT (0.63 FTE)	Medical	Health Buyout Teacher Paid in May with Proof of Other Insurance	WAIVE					63% of Benefit	1,890.00	-				
Teachers - PEA	PT (0.63 FTE)	Dental	Delta Plan	OPTION 1S (2K)		S	51.63	619.56	63% of Benefit	390.32	32.53	229.24	19.10	11.47	19.52
Teachers - PEA	PT (0.63 FTE)	Dental	Delta Plan	OPTION 1S (2K)		2P	99.74	1,196.88	63% of Benefit	603.23	50.27	593.65	49.47	29.69	30.17
Teachers - PEA	PT (0.63 FTE)	Dental	Delta Plan	OPTION 1S (2K)		F	178.41	2,140.92	63% of Benefit	1,079.03	89.92	1,061.89	88.49	53.10	53.96

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 Amount	District Annual	District Monthly	Employee Annual	Employee Monthly	EE 20Pays	Dist 20Pays	EE 17Pays	Dist 17Pays
PESPA	30+ HRS/WK	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	228.63	407.65	268.98	479.59
PESPA	30+ HRS/WK	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	864.91	407.65	1,017.54	479.59
PESPA	30+ HRS/WK	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	1,310.30	407.65	1,541.53	479.59
PESPA	30+ HRS/WK	Medical	Access Blue New England with Deductible (IPDED)	AB15/40 5K	R10/25/40 M10/40/70	S	912.66	10,951.92	\$8,153.00	8,153.00	679.42	2,798.92	233.24	139.95	407.65	164.65	479.59
PESPA	30+ HRS/WK	Medical	Access Blue New England with Deductible (IPDED)	AB15/40 5K	R10/25/40 M10/40/70	2P	1,825.32	21,903.84	\$8,153.00	8,153.00	679.42	13,750.84	1,145.90	687.55	407.65	808.88	479.59
PESPA	30+ HRS/WK	Medical	Access Blue New England with Deductible (IPDED)	AB15/40 5K	R10/25/40 M10/40/70	F	2,464.19	29,570.28	\$8,153.00	8,153.00	679.42	21,417.28	1,784.77	1,070.87	407.65	1,259.84	479.59
PESPA	30+ HRS/WK	Medical	Access Blue New England Deductible Site of Service	ABSOS25/30 3K	R10/25/40 M10/40/70	Single (S)	620.77	7,449.24	\$8,153.00	7,449.24	620.77	-	-	-	372.47	-	438.20
PESPA	30+ HRS/WK	Medical	Access Blue New England Deductible Site of Service	ABSOS25/30 3K	R10/25/40 M10/40/70	2Person (2P)	1,241.54	14,898.48	\$8,153.00	8,153.00	679.42	6,745.48	562.12	337.28	407.65	396.80	479.59
PESPA	30+ HRS/WK	Medical	Access Blue New England Deductible Site of Service	ABSOS25/30 3K	R10/25/40 M10/40/70	Family (F)	1,676.07	20,112.84	\$8,153.00	8,153.00	679.42	11,959.84	996.65	598.00	407.65	703.52	479.59
PESPA	30+ HRS/WK	Dental	Delta Plan	OPTION 1A (1K)		S	47.70	572.40	0%	-	-	572.40	47.70	28.62	-	33.68	-
PESPA	30+ HRS/WK	Dental	Delta Plan	OPTION 1A (1K)		2P	92.27	1,107.24	0%	-	-	1,107.24	92.27	55.37	-	65.14	-
PESPA	30+ HRS/WK	Dental	Delta Plan	OPTION 1A (1K)		F	166.91	2,002.92	0%	-	-	2,002.92	166.91	100.15	-	117.82	-