Pelham School District - Health/Dental Insurance Rates

July 1, 2025 to June 30, 2026

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)	1,193.75	14,325.00	80%	11,460.00	955.00	2,865.00	238.75	119.38	477.50
Year-Round	ADM|SUPT|CUST|AA|SAU|IT	Medical	Access Blue New England (HMO)	AB20	R10/25/40 | M10/40/70	2Person (2P)	2,387.51	28,650.12	80%	22,920.10	1,910.01	5,730.02	477.50	238.76	955.01
Year-Round	ADM|SUPT|CUST|AA|SAU|IT	Medical	Access Blue New England (HMO)	AB20	R10/25/40 | M10/40/70	Family (F)	3,223.14	38,677.68	80%	30,942.14	2,578.51	7,735.54	644.63	322.32	1,289.26
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	988.72	11,864.64	100%	11,864.64	988.72	-	-	-	494.36
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	1,977.44	23,729.28	100%	23,729.28	1,977.44	-	-	-	988.72
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	2,669.55	32,034.60	100%	32,034.60	2,669.55	-	-	-	1,334.78
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	54.21	650.52	100%	650.52	54.21	-	-	-	27.11
Year-Round, Supt	SUPT|CUST|AA|SAU|IT	Dental	Delta Plan	OPTION 1S (2K)		2P	104.73	1,256.76	80%	1,005.41	83.78	251.35	20.95	10.48	41.90
Year-Round, Supt	SUPT|CUST|AA|SAU|IT	Dental	Delta Plan	OPTION 1S (2K)		F	187.33	2,247.96	80%	1,798.37	149.86	449.59	37.47	18.74	74.94
Year-Round	ADM|SAUGF	Dental	Delta Plan	OPTION 1S (2K)		S	54.21	650.52	100%	650.52	54.21	-	-	-	27.11
Year-Round	ADM|SAUGF	Dental	Delta Plan	OPTION 1S (2K)		2P	104.73	1,256.76	100%	1,256.76	104.73	-	-	-	52.37
Year-Round	ADM|SAUGF	Dental	Delta Plan	OPTION 1S (2K)		F	187.33	2,247.96	100%	2,247.96	187.33	-	-	-	93.67
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	1,193.75	14,325.00	$10,082.00	10,082.00	840.17	4,243.00	353.58	176.80	420.09
Year-Round	CUST|AA|SAU|IT	Medical	Access Blue New England (HMO)	AB20	R10/25/40 | M10/40/70	2P	2,387.51	28,650.12	$10,082.00	10,082.00	840.17	18,568.12	1,547.34	773.68	420.09
Year-Round	CUST|AA|SAU|IT	Medical	Access Blue New England (HMO)	AB20	R10/25/40 | M10/40/70	F	3,223.14	38,677.68	$10,082.00	10,082.00	840.17	28,595.68	2,382.97	1,191.49	420.09
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	988.72	11,864.64	$10,082.00	10,082.00	840.17	1,782.64	148.55	74.28	420.09
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	1,977.44	23,729.28	$10,082.00	10,082.00	840.17	13,647.28	1,137.27	568.64	420.09
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	2,669.55	32,034.60	$10,082.00	10,082.00	840.17	21,952.60	1,829.38	914.70	420.09

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

July 1, 2025 to June 30, 2026

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)	1,193.75	14,325.00	80%	11,460.00	955.00	2,865.00	238.75	168.53	674.12
School Year Other	AA|SEC|NSMGR	Medical	Access Blue New England (HMO)	AB20	R10/25/40 | M10/40/70	2Person (2P)	2,387.51	28,650.12	80%	22,920.10	1,910.01	5,730.02	477.50	337.06	1,348.25
School Year Other	AA|SEC|NSMGR	Medical	Access Blue New England (HMO)	AB20	R10/25/40 | M10/40/70	Family (F)	3,223.14	38,677.68	80%	30,942.14	2,578.51	7,735.54	644.63	455.04	1,820.13
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	988.72	11,864.64	100%	11,864.64	988.72	-	-	-	697.92
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	1,977.44	23,729.28	100%	23,729.28	1,977.44	-	-	-	1,395.84
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	2,669.55	32,034.60	100%	32,034.60	2,669.55	-	-	-	1,884.39
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	54.21	650.52	100%	650.52	54.21	-	-	-	38.27
School Year Other	AA|SEC|NSMGR	Dental	Delta Plan	OPTION 1S (2K)		2P	104.73	1,256.76	80%	1,005.41	83.78	251.35	20.95	14.79	59.15
School Year Other	AA|SEC|NSMGR	Dental	Delta Plan	OPTION 1S (2K)		F	187.33	2,247.96	80%	1,798.37	149.86	449.59	37.47	26.45	105.79
Full-Time Equivalent 30 to <35 Hours Per Week															
School Year Other	AA|SEC|NS	Medical	Access Blue New England (HMO)	AB20	R10/25/40 | M10/40/70	Single (S)	1,193.75	14,325.00	$10,082.00	10,082.00	840.17	4,243.00	353.58	249.59	593.06
School Year Other	AA|SEC|NS	Medical	Access Blue New England (HMO)	AB20	R10/25/40 | M10/40/70	2Person (2P)	2,387.51	28,650.12	$10,082.00	10,082.00	840.17	18,568.12	1,547.34	1,092.25	593.06
School Year Other	AA|SEC|NS	Medical	Access Blue New England (HMO)	AB20	R10/25/40 | M10/40/70	Family (F)	3,223.14	38,677.68	$10,082.00	10,082.00	840.17	28,595.68	2,382.97	1,682.10	593.06
School Year Other	AA|SEC|NS	Medical	Access Blue New England Deductible Site of Service	ABSOS20/40 1K	R10/25/40 | M10/40/70	S	988.72	11,864.64	$10,082.00	10,082.00	840.17	1,782.64	148.55	104.87	593.06
School Year Other	AA|SEC|NS	Medical	Access Blue New England Deductible Site of Service	ABSOS20/40 1K	R10/25/40 | M10/40/70	2P	1,977.44	23,729.28	$10,082.00	10,082.00	840.17	13,647.28	1,137.27	802.79	593.06
School Year Other	AA|SEC|NS	Medical	Access Blue New England Deductible Site of Service	ABSOS20/40 1K	R10/25/40 | M10/40/70	F	2,669.55	32,034.60	$10,082.00	10,082.00	840.17	21,952.60	1,829.38	1,291.33	593.06

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

Pelham School District - Health/Dental Insurance Rates

July 1, 2025 to June 30, 2026

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)	1,193.75	14,325.00	80%	11,460.00	955.00	2,865.00	238.75	143.25	573.00
Prof School	FT (1.0 FTE)	Medical	Access Blue New England (HMO)	AB20	R10/25/40 | M10/40/70	2Person (2P)	2,387.51	28,650.12	80%	22,920.10	1,910.01	5,730.02	477.50	286.51	1,146.01
Prof School	FT (1.0 FTE)	Medical	Access Blue New England (HMO)	AB20	R10/25/40 | M10/40/70	Family (F)	3,223.14	38,677.68	80%	30,942.14	2,578.51	7,735.54	644.63	386.78	1,547.11
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	988.72	11,864.64	100%	11,864.64	988.72	-	-	-	593.24
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	1,977.44	23,729.28	100%	23,729.28	1,977.44	-	-	-	1,186.47
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	2,669.55	32,034.60	100%	32,034.60	2,669.55	-	-	-	1,601.73
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	54.21	650.52	100%	650.52	54.21	-	-	-	32.53
Prof School	FT (1.0 FTE)	Dental	Delta Plan	OPTION 1S (2K)		2P	104.73	1,256.76	80%	1,005.41	83.78	251.35	20.95	12.57	50.28
Prof School	FT (1.0 FTE)	Dental	Delta Plan	OPTION 1S (2K)		F	187.33	2,247.96	80%	1,798.37	149.86	449.59	37.47	22.48	89.92