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 Amount	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	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	212.15	504.10	249.59	593.06
PESPA	30+ HRS/WK	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	928.41	504.10	1,092.25	593.06
PESPA	30+ HRS/WK	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	1,429.79	504.10	1,682.10	593.06
PESPA	30+ HRS/WK	Medical	Access Blue New England with Deductible (IPDED)	AB15/40 5K	R10/25/40 | M10/40/70	S	1,031.22	12,374.64	$10,082.00	10,082.00	840.17	2,292.64	191.05	114.64	504.10	134.87	593.06
PESPA	30+ HRS/WK	Medical	Access Blue New England with Deductible (IPDED)	AB15/40 5K	R10/25/40 | M10/40/70	2P	2,062.44	24,749.28	$10,082.00	10,082.00	840.17	14,667.28	1,222.27	733.37	504.10	862.79	593.06
PESPA	30+ HRS/WK	Medical	Access Blue New England with Deductible (IPDED)	AB15/40 5K	R10/25/40 | M10/40/70	F	2,784.30	33,411.60	$10,082.00	10,082.00	840.17	23,329.60	1,944.13	1,166.48	504.10	1,372.33	593.06
PESPA	30+ HRS/WK	Medical	Access Blue New England Deductible Site of Service	ABSOS25/30 3K	R10/25/40 | M10/40/70	Single (S)	767.59	9,211.08	$10,082.00	9,211.08	767.59	-	-	-	460.56	-	541.83
PESPA	30+ HRS/WK	Medical	Access Blue New England Deductible Site of Service	ABSOS25/30 3K	R10/25/40 | M10/40/70	2Person (2P)	1,535.18	18,422.16	$10,082.00	10,082.00	840.17	8,340.16	695.01	417.01	504.10	490.60	593.06
PESPA	30+ HRS/WK	Medical	Access Blue New England Deductible Site of Service	ABSOS25/30 3K	R10/25/40 | M10/40/70	Family (F)	2,072.49	24,869.88	$10,082.00	10,082.00	840.17	14,787.88	1,232.32	739.40	504.10	869.88	593.06
PESPA	30+ HRS/WK	Dental	Delta Plan	OPTION 1A (1K)		S	50.09	601.08	0%	-	-	601.08	50.09	30.06	-	35.36	-
PESPA	30+ HRS/WK	Dental	Delta Plan	OPTION 1A (1K)		2P	96.88	1,162.56	0%	-	-	1,162.56	96.88	58.13	-	68.39	-
PESPA	30+ HRS/WK	Dental	Delta Plan	OPTION 1A (1K)		F	175.26	2,103.12	0%	-	-	2,103.12	175.26	105.16	-	123.72	-