

Pelham School District - Insurance Rates

July 1, 2023 to June 30, 2024

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)	975.62	11,707.44	80%	9,365.95	780.50	2,341.49	195.12	97.57	390.25
Year-Round	ADM SUPT CUST AA SAU IT	Medical	Access Blue New England (HMO)	AB20	R10/25/40 M10/40/70	2Person (2P)	1,951.23	23,414.76	80%	18,731.81	1,560.98	4,682.95	390.25	195.13	780.50
Year-Round	ADM SUPT CUST AA SAU IT	Medical	Access Blue New England (HMO)	AB20	R10/25/40 M10/40/70	Family (F)	2,634.16	31,609.92	80%	25,287.94	2,107.33	6,321.98	526.83	263.42	1,053.67
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	786.42	9,437.04	100%	9,437.04	786.42	-	-	-	393.21
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	1,572.84	18,874.08	100%	18,874.08	1,572.84	-	-	-	786.42
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	2,123.34	25,480.08	100%	25,480.08	2,123.34	-	-	-	1,061.67
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 1A		S	45.56	546.72	100%	546.72	45.56	-	-	-	22.78
Year-Round, Supt	SUPT CUST AA SAU IT	Dental	Delta Plan	OPTION 1A		2P	88.13	1,057.56	80%	846.05	70.50	211.51	17.63	8.82	35.26
Year-Round, Supt	SUPT CUST AA SAU IT	Dental	Delta Plan	OPTION 1A		F	159.42	1,913.04	80%	1,530.43	127.54	382.61	31.88	15.95	63.77
Year-Round	ADM SAUGF	Dental	Delta Plan	OPTION 1A		S	45.56	546.72	100%	546.72	45.56	-	-	-	22.78
Year-Round	ADM SAUGF	Dental	Delta Plan	OPTION 1A		2P	88.13	1,057.56	100%	1,057.56	88.13	-	-	-	44.07
Year-Round	ADM SAUGF	Dental	Delta Plan	OPTION 1A		F	159.42	1,913.04	100%	1,913.04	159.42	-	-	-	79.71
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	975.62	11,707.44	\$7,500	7,500.00	625.00	4,207.44	350.62	175.31	312.50
Year-Round	CUST AA SAU IT	Medical	Access Blue New England (HMO)	AB20	R10/25/40 M10/40/70	2P	1,951.23	23,414.76	\$7,500	7,500.00	625.00	15,914.76	1,326.23	663.12	312.50
Year-Round	CUST AA SAU IT	Medical	Access Blue New England (HMO)	AB20	R10/25/40 M10/40/70	F	2,634.16	31,609.92	\$7,500	7,500.00	625.00	24,109.92	2,009.16	1,004.58	312.50
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	786.42	9,437.04	\$7,500	7,500.00	625.00	1,937.04	161.42	80.71	312.50
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	1,572.84	18,874.08	\$7,500	7,500.00	625.00	11,374.08	947.84	473.92	312.50
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	2,123.34	25,480.08	\$7,500	7,500.00	625.00	17,980.08	1,498.34	749.17	312.50

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

July 1, 2023 to June 30, 2024

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)	975.62	11,707.44	80%	9,365.95	780.50	2,341.49	195.12	137.74	550.94
School Year Other	AA SEC NSMGR	Medical	Access Blue New England (HMO)	AB20	R10/25/40 M10/40/70	2Person (2P)	1,951.23	23,414.76	80%	18,731.81	1,560.98	4,682.95	390.25	275.47	1,101.88
School Year Other	AA SEC NSMGR	Medical	Access Blue New England (HMO)	AB20	R10/25/40 M10/40/70	Family (F)	2,634.16	31,609.92	80%	25,287.94	2,107.33	6,321.98	526.83	371.89	1,487.53
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	786.42	9,437.04	100%	9,437.04	786.42	-	-	-	555.12
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	1,572.84	18,874.08	100%	18,874.08	1,572.84	-	-	-	1,110.24
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	2,123.34	25,480.08	100%	25,480.08	2,123.34	-	-	-	1,498.83
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 1A		S	45.56	546.72	100%	546.72	45.56	-	-	-	32.16
School Year Other	AA SEC NSMGR	Dental	Delta Plan	OPTION 1A		2P	88.13	1,057.56	80%	846.05	70.50	211.51	17.63	12.45	49.77
School Year Other	AA SEC NSMGR	Dental	Delta Plan	OPTION 1A		F	159.42	1,913.04	80%	1,530.43	127.54	382.61	31.88	22.51	90.03
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)	975.62	11,707.44	\$7,500	7,500.00	625.00	4,207.44	350.62	247.50	441.18
School Year Other	AA SEC IT NS	Medical	Access Blue New England (HMO)	AB20	R10/25/40 M10/40/70	2Person (2P)	1,951.23	23,414.76	\$7,500	7,500.00	625.00	15,914.76	1,326.23	936.17	441.18
School Year Other	AA SEC IT NS	Medical	Access Blue New England (HMO)	AB20	R10/25/40 M10/40/70	Family (F)	2,634.16	31,609.92	\$7,500	7,500.00	625.00	24,109.92	2,009.16	1,418.24	441.18
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	786.42	9,437.04	\$7,500	7,500.00	625.00	1,937.04	161.42	113.95	441.18
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	1,572.84	18,874.08	\$7,500	7,500.00	625.00	11,374.08	947.84	669.07	441.18
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	2,123.34	25,480.08	\$7,500	7,500.00	625.00	17,980.08	1,498.34	1,057.66	441.18

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

Pelham School District - Insurance Rates

July 1, 2023 to June 30, 2024

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)	975.62	11,707.44	80%	9,365.95	780.50	2,341.49	195.12	117.08	468.30
Prof School	FT (1.0 FTE)	Medical	Access Blue New England (HMO)	AB20	R10/25/40 M10/40/70	2Person (2P)	1,951.23	23,414.76	80%	18,731.81	1,560.98	4,682.95	390.25	234.15	936.60
Prof School	FT (1.0 FTE)	Medical	Access Blue New England (HMO)	AB20	R10/25/40 M10/40/70	Family (F)	2,634.16	31,609.92	80%	25,287.94	2,107.33	6,321.98	526.83	316.10	1,264.40
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	786.42	9,437.04	100%	9,437.04	786.42	-	-	-	471.86
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	1,572.84	18,874.08	100%	18,874.08	1,572.84	-	-	-	943.71
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	2,123.34	25,480.08	100%	25,480.08	2,123.34	-	-	-	1,274.01
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 1A		S	45.56	546.72	100%	546.72	45.56	-	-	-	27.34
Prof School	FT (1.0 FTE)	Dental	Delta Plan	OPTION 1A		2P	88.13	1,057.56	80%	846.05	70.50	211.51	17.63	10.58	42.31
Prof School	FT (1.0 FTE)	Dental	Delta Plan	OPTION 1A		F	159.42	1,913.04	80%	1,530.43	127.54	382.61	31.88	19.14	76.53