

Pelham School District - Insurance Rates

July 1, 2020 to June 30, 2021

Status	Status	Coverage Type	Cov Type/Description	Plan Type	Prescription Copays	Enrollment Type	Monthly	Annual	District %	District Annual	District Monthly	Employee Annual	Employee Monthly	EE 20Pays	Dist 20Pays
Prof School	FT (1.0 FTE)	Medical	BlueChoice 2 Tier (POS)	BC2T20	RX10/20/45	Single (S)	858.15	10,297.80	85%	8,753.13	729.43	1,544.67	128.72	77.24	437.66
Prof School	FT (1.0 FTE)	Medical	BlueChoice 2 Tier (POS)	BC2T20	RX10/20/45	2Person (2P)	1,716.31	20,595.72	85%	17,506.36	1,458.86	3,089.36	257.45	154.47	875.32
Prof School	FT (1.0 FTE)	Medical	BlueChoice 2 Tier (POS)	BC2T20	RX10/20/45	Family (F)	2,317.01	27,804.12	85%	23,633.50	1,969.46	4,170.62	347.55	208.54	1,181.68
Prof School	FT (1.0 FTE)	Medical	Access Blue New England (HMO)	AB20	RX10/20/45	S	800.82	9,609.84	85% BC2T20	8,753.13	729.43	856.71	71.39	42.84	437.66
Prof School	FT (1.0 FTE)	Medical	Access Blue New England (HMO)	AB20	RX10/20/45	2P	1,601.64	19,219.68	85% BC2T20	17,506.36	1,458.86	1,713.32	142.78	85.67	875.32
Prof School	FT (1.0 FTE)	Medical	Access Blue New England (HMO)	AB20	RX10/20/45	F	2,162.21	25,946.52	85% BC2T20	23,633.50	1,969.46	2,313.02	192.75	115.66	1,181.68
Prof School	FT (1.0 FTE)	Medical	Access Blue New England with Deductible (IPDED)	AB15/40IPDED	RX10/20/45	S	689.20	8,270.40	95%	7,856.88	654.74	413.52	34.46	20.68	392.85
Prof School	FT (1.0 FTE)	Medical	Access Blue New England with Deductible (IPDED)	AB15/40IPDED	RX10/20/45	2P	1,378.40	16,540.80	95%	15,713.76	1,309.48	827.04	68.92	41.36	785.69
Prof School	FT (1.0 FTE)	Medical	Access Blue New England with Deductible (IPDED)	AB15/40IPDED	RX10/20/45	F	1,860.84	22,330.08	95%	21,213.58	1,767.80	1,116.50	93.04	55.83	1,060.68
Prof School	FT (1.0 FTE)	Medical	Health Buyout Per Contract Paid in May with Proof of Other Insurance						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

July 1, 2020 to June 30, 2021

Type	Group	Coverage Type	Cov Type/Description	Plan Type	Prescription Copays	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	BlueChoice 2 Tier (POS)	BC2T20	RX10/20/45	Single (S)	858.15	10,297.80	90%	9,268.02	772.34	1,029.78	85.81	60.58	545.18
School Year Other	AA SEC NSMGR	Medical	BlueChoice 2 Tier (POS)	BC2T20	RX10/20/45	2Person (2P)	1,716.31	20,595.72	90%	18,536.15	1,544.68	2,059.57	171.63	121.16	1,090.37
School Year Other	AA SEC NSMGR	Medical	BlueChoice 2 Tier (POS)	BC2T20	RX10/20/45	Family (F)	2,317.01	27,804.12	90%	25,023.71	2,085.31	2,780.41	231.70	163.56	1,471.99
School Year Other	AA SEC NSMGR	Medical	Access Blue New England (HMO)	AB20	RX10/20/45	S	800.82	9,609.84	90% BC2T20	9,268.02	772.34	341.82	28.49	20.11	545.18
School Year Other	AA SEC NSMGR	Medical	Access Blue New England (HMO)	AB20	RX10/20/45	2P	1,601.64	19,219.68	90% BC2T20	18,536.15	1,544.68	683.53	56.96	40.21	1,090.37
School Year Other	AA SEC NSMGR	Medical	Access Blue New England (HMO)	AB20	RX10/20/45	F	2,162.21	25,946.52	90% BC2T20	25,023.71	2,085.31	922.81	76.90	54.29	1,471.99
School Year Other	AA SEC NSMGR	Medical	Access Blue New England with Deductible (IPDED)	AB15/40IPDED	RX10/20/45	S	689.20	8,270.40	90% BC2T20 (up to 100%)	8,270.40	689.20	-	-	-	486.50
School Year Other	AA SEC NSMGR	Medical	Access Blue New England with Deductible (IPDED)	AB15/40IPDED	RX10/20/45	2P	1,378.40	16,540.80	90% BC2T20 (up to 100%)	16,540.80	1,378.40	-	-	-	972.99
School Year Other	AA SEC NSMGR	Medical	Access Blue New England with Deductible (IPDED)	AB15/40IPDED	RX10/20/45	F	1,860.84	22,330.08	90% BC2T20 (up to 100%)	22,330.08	1,860.84	-	-	-	1,313.54
School Year Other	AA SEC NSMGR	Medical	Health Buyout Per Employment Agreement Paid in May with Proof of Other Insurance						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
School Year Other	AA SEC NSMGR	Dental	Delta Plan-Grandfathered	OPTION 1A		S	45.56	546.72	100%	546.72	45.56	-	-	-	32.16
School Year Other	AA SEC NSMGR	Dental	Delta Plan-Grandfathered	OPTION 1A		2P	88.13	1,057.56	100%	1,057.56	88.13	-	-	-	62.21
School Year Other	AA SEC NSMGR	Dental	Delta Plan-Grandfathered	OPTION 1A		F	159.42	1,913.04	100%	1,913.04	159.42	-	-	-	112.54
Full-Time Equivalent 30 to <35 Hours Per Week															
School Year Other	AA SEC IT NS NSMGF	Medical	BlueChoice 2 Tier (POS)	BC2T20	RX10/20/45	Single (S)	858.15	10,297.80	55%	5,663.79	471.98	4,634.01	386.17	272.59	333.17
School Year Other	AA SEC IT NS NSMGF	Medical	BlueChoice 2 Tier (POS)	BC2T20	RX10/20/45	2Person (2P)	1,716.31	20,595.72	55% BCT20 (S)	5,663.79	471.98	14,931.93	1,244.33	878.35	333.17
School Year Other	AA SEC IT NS NSMGF	Medical	BlueChoice 2 Tier (POS)	BC2T20	RX10/20/45	Family (F)	2,317.01	27,804.12	55% BCT20 (S)	5,663.79	471.98	22,140.33	1,845.03	1,302.38	333.17
School Year Other	AA SEC IT NS NSMGF	Medical	Access Blue New England (HMO)	AB20	RX10/20/45	S	800.82	9,609.84	\$6,750	6,750.00	562.50	2,859.84	238.32	168.23	397.06
School Year Other	AA SEC IT NS NSMGF	Medical	Access Blue New England (HMO)	AB20	RX10/20/45	2P	1,601.64	19,219.68	\$6,750	6,750.00	562.50	12,469.68	1,039.14	733.52	397.06
School Year Other	AA SEC IT NS NSMGF	Medical	Access Blue New England (HMO)	AB20	RX10/20/45	F	2,162.21	25,946.52	\$6,750	6,750.00	562.50	19,196.52	1,599.71	1,129.21	397.06
School Year Other	AA SEC IT NS NSMGF	Medical	Access Blue New England with Deductible (IPDED)	AB15/40IPDED	RX10/20/45	S	689.20	8,270.40	\$6,750	6,750.00	562.50	1,520.40	126.70	89.44	397.06
School Year Other	AA SEC IT NS NSMGF	Medical	Access Blue New England with Deductible (IPDED)	AB15/40IPDED	RX10/20/45	2P	1,378.40	16,540.80	\$6,750	6,750.00	562.50	9,790.80	815.90	575.93	397.06
School Year Other	AA SEC IT NS NSMGF	Medical	Access Blue New England with Deductible (IPDED)	AB15/40IPDED	RX10/20/45	F	1,860.84	22,330.08	\$6,570	6,750.00	562.50	15,580.08	1,298.34	916.48	397.06
School Year Other	NSMGF	Dental	Delta Plan	OPTION 1A		S	45.56	546.72	50%	273.36	22.78	273.36	22.78	16.08	16.08
School Year Other	NSMGF	Dental	Delta Plan	OPTION 1A		2P	88.13	1,057.56	50% Sing CAP	273.36	22.78	784.20	65.35	46.13	16.08
School Year Other	NSMGF	Dental	Delta Plan	OPTION 1A		F	159.42	1,913.04	50% Sing CAP	273.36	22.78	1,639.68	136.64	96.46	16.08

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

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Type	Group	Coverage		Plan Type	Prescription Copays	Enrollment Type	Monthly	Annual	District %	District Annual	District Monthly	Employee Annual	Employee Monthly	EE 24Pays	Dist 24Pays
		Type	Cov Type/Description												
Full-Time 35+ Hours Per Week (and all ADM)															
Year-Round	ADM CUST AA SAU IT	Medical	BlueChoice 2 Tier (POS)	BC2T20	RX10/20/45	Single (S)	858.15	10,297.80	90%	9,268.02	772.34	1,029.78	85.81	42.91	386.17
Year-Round	ADM CUST AA SAU IT	Medical	BlueChoice 2 Tier (POS)	BC2T20	RX10/20/45	2Person (2P)	1,716.31	20,595.72	90%	18,536.15	1,544.68	2,059.57	171.63	85.82	772.34
Year-Round	ADM CUST AA SAU IT	Medical	BlueChoice 2 Tier (POS)	BC2T20	RX10/20/45	Family (F)	2,317.01	27,804.12	90%	25,023.71	2,085.31	2,780.41	231.70	115.86	1,042.66
Year-Round	ADM CUST AA SAU IT	Medical	Access Blue New England (HMO)	AB20	RX10/20/45	S	800.82	9,609.84	90% BC2T20	9,268.02	772.34	341.82	28.49	14.25	386.17
Year-Round	ADM CUST AA SAU IT	Medical	Access Blue New England (HMO)	AB20	RX10/20/45	2P	1,601.64	19,219.68	90% BC2T20	18,536.15	1,544.68	683.53	56.96	28.49	772.34
Year-Round	ADM CUST AA SAU IT	Medical	Access Blue New England (HMO)	AB20	RX10/20/45	F	2,162.21	25,946.52	90% BC2T20	25,023.71	2,085.31	922.81	76.90	38.46	1,042.66
Year-Round	ADM CUST AA SAU IT	Medical	Access Blue New England with Deductible (IPDED)	AB15/40IPDED	RX10/20/45	S	689.20	8,270.40	90% BC2T20 (up to 100%)	8,270.40	689.20	-	-	-	344.60
Year-Round	ADM CUST AA SAU IT	Medical	Access Blue New England with Deductible (IPDED)	AB15/40IPDED	RX10/20/45	2P	1,378.40	16,540.80	90% BC2T20 (up to 100%)	16,540.80	1,378.40	-	-	-	689.20
Year-Round	ADM CUST AA SAU IT	Medical	Access Blue New England with Deductible (IPDED)	AB15/40IPDED	RX10/20/45	F	1,860.84	22,330.08	90% BC2T20 (up to 100%)	22,330.08	1,860.84	-	-	-	930.42
Year-Round	ADM CUST AA SAU IT	Medical	Health Buyout Per Employment Agreement Paid in May with Proof of Other Insurance						100%	3,000.00					
Year-Round	CUST AA SAU IT	Dental	Delta Plan	OPTION 1A		S	45.56	546.72	100%	546.72	45.56	-	-	-	22.78
Year-Round	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	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	BlueChoice 2 Tier (POS)	BC2T20	RX10/20/45	Single (S)	858.15	10,297.80	55%	5,663.79	471.98	4,634.01	386.17	193.09	236.00
Year-Round	CUST AA SAU IT	Medical	BlueChoice 2 Tier (POS)	BC2T20	RX10/20/45	2Person (2P)	1,716.31	20,595.72	55% BC2T20 (S)	5,663.79	471.98	14,931.93	1,244.33	622.17	236.00
Year-Round	CUST AA SAU IT	Medical	BlueChoice 2 Tier (POS)	BC2T20	RX10/20/45	Family (F)	2,317.01	27,804.12	55% BC2T20 (S)	5,663.79	471.98	22,140.33	1,845.03	922.52	236.00
Year-Round	CUST AA SAU IT	Medical	Access Blue New England (HMO)	AB20	RX10/20/45	S	800.82	9,609.84	\$6,750	6,750.00	562.50	2,859.84	238.32	119.16	281.25
Year-Round	CUST AA SAU IT	Medical	Access Blue New England (HMO)	AB20	RX10/20/45	2P	1,601.64	19,219.68	\$6,750	6,750.00	562.50	12,469.68	1,039.14	519.57	281.25
Year-Round	CUST AA SAU IT	Medical	Access Blue New England (HMO)	AB20	RX10/20/45	F	2,162.21	25,946.52	\$6,750	6,750.00	562.50	19,196.52	1,599.71	799.86	281.25
Year-Round	CUST AA SAU IT	Medical	Access Blue New England with Deductible (IPDED)	AB15/40IPDED	RX10/20/45	S	689.20	8,270.40	\$6,750	6,750.00	562.50	1,520.40	126.70	63.35	281.25
Year-Round	CUST AA SAU IT	Medical	Access Blue New England with Deductible (IPDED)	AB15/40IPDED	RX10/20/45	2P	1,378.40	16,540.80	\$6,750	6,750.00	562.50	9,790.80	815.90	407.95	281.25
Year-Round	CUST AA SAU IT	Medical	Access Blue New England with Deductible (IPDED)	AB15/40IPDED	RX10/20/45	F	1,860.84	22,330.08	\$6,750	6,750.00	562.50	15,580.08	1,298.34	649.17	281.25

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