

Pelham School District - Insurance Rates

July 1, 2020 to June 30, 2021

														PESPA Equal Pay		PESPA Actual Hours	
Status	Status	Coverage		Plan Type	Prescription Copays	Enrollment			District Amount	District Annual	District Monthly	Employee Annual	Employee Monthly	EE 20Pays	Dist 20Pays	EE 17Pays	Dist 17Pays
		Type	Cov Type/Description			Type	Monthly	Annual									
PESPA	30+ HRS/WK	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	143.00	337.50	168.23	397.06
PESPA	30+ HRS/WK	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	623.49	337.50	733.52	397.06
PESPA	30+ HRS/WK	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	959.83	337.50	1,129.21	397.06
PESPA	30+ HRS/WK	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	76.02	337.50	89.44	397.06
PESPA	30+ HRS/WK	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	489.54	337.50	575.93	397.06
PESPA	30+ HRS/WK	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	779.01	337.50	916.48	397.06
PESPA	30+ HRS/WK	Medical	Access Blue Site of Service with Deductible (SOS)	ABSOS25/50/3K	RX10/20/45	Single (S)	468.75	5,625.00	\$5,000	5,000.00	416.67	625.00	52.08	31.25	250.00	36.77	294.12
PESPA	30+ HRS/WK	Medical	Access Blue Site of Service with Deductible (SOS)	ABSOS25/50/3K	RX10/20/45	2Person (2P)	937.51	11,250.12	\$5,000	5,000.00	416.67	6,250.12	520.84	312.51	250.00	367.66	294.12
PESPA	30+ HRS/WK	Medical	Access Blue Site of Service with Deductible (SOS)	ABSOS25/50/3K	RX10/20/45	Family (F)	1,265.63	15,187.56	\$5,000	5,000.00	416.67	10,187.56	848.96	509.38	250.00	599.27	294.12
PESPA	30+ HRS/WK	Dental	Delta Plan	OPTION 1A		S	45.56	546.72	0%	-	-	546.72	45.56	27.34	-	32.16	-
PESPA	30+ HRS/WK	Dental	Delta Plan	OPTION 1A		2P	88.13	1,057.56	0%	-	-	1,057.56	88.13	52.88	-	62.21	-
PESPA	30+ HRS/WK	Dental	Delta Plan	OPTION 1A		F	159.42	1,913.04	0%	-	-	1,913.04	159.42	95.66	-	112.54	-
GF=Grandfathered Per CBA																	
PESPA	GF (14-15)	Medical	Access Blue New England (HMO)	AB20	RX10/20/45	Single (S)	800.82	9,609.84	83%	7,976.17	664.68	1,633.67	136.14	81.69	398.81	96.10	469.19
PESPA	GF (14-15)	Medical	Access Blue New England (HMO)	AB20	RX10/20/45	2Person (2P)	1,601.64	19,219.68	83%	15,952.33	1,329.36	3,267.35	272.28	163.37	797.62	192.20	938.38
PESPA	GF (14-15)	Medical	Access Blue New England with Deductible (IPDED)	AB15/40IPDED	RX10/20/45	S	689.20	8,270.40	83% AB20 (up to 100%)	7,976.17	664.68	294.23	24.52	14.72	398.81	17.31	469.19
PESPA	GF (14-15)	Medical	Access Blue New England with Deductible (IPDED)	AB15/40IPDED	RX10/20/45	2P	1,378.40	16,540.80	83% AB20 (up to 100%)	15,952.33	1,329.36	588.47	49.04	29.43	797.62	34.62	938.38
PESPA	GF (14-15)	Dental	Delta Plan	OPTION 1A		S	45.56	546.72	100%	546.72	45.56	-	-	-	27.34	-	32.16
PESPA	GF (14-15)	Dental	Delta Plan	OPTION 1A		2P	88.13	1,057.56	80%	846.05	70.50	211.51	17.63	10.58	42.31	12.45	49.77
PESPA	GF (14-15)	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	22.51	90.03