

FY 20 Health and Dental Insurance Rates

Health

PLAN NAME	GROUP	WEEKLY (48 weekly deductions)	BI WEEKLY	21 PAY*	42 PAY*	39 PAY*	39 PAY* LTS (10 month coverage)	EMPLOYEE MONTHLY COST
BCBS- Blue Care Elect Rate Saver	Individual	\$153.25	\$306.50	\$350.29	\$175.14	\$188.62	\$157.18	\$613.00
	Family	\$363.13	\$726.25	\$830.00	\$415.00	\$446.92	\$372.44	\$1,452.50
BCBS- Blue Care Elect Benchmark	Individual	\$137.63	\$275.25	\$314.57	\$157.29	\$169.38	\$141.15	\$550.50
	Family	\$326.38	\$652.75	\$746.00	\$373.00	\$401.69	\$334.74	\$1,305.50
BCBS- Network Blue Rate Saver	Individual	\$105.25	\$210.50	\$240.57	\$120.29	\$129.54	\$107.95	\$421.00
	Family	\$280.63	\$561.25	\$641.43	\$320.71	\$345.38	\$287.82	\$1,122.50
BCBS- Network Blue Benchmark	Individual	\$97.13	\$194.25	\$222.00	\$111.00	\$119.54	\$99.62	\$388.50
	Family	\$258.75	\$517.50	\$591.43	\$295.71	\$318.46	\$265.38	\$1,035.00
HARVARD PILGRIM - HMO Rate Saver	Individual	\$114.00	\$228.00	\$260.57	\$130.29	\$140.31	\$116.92	\$456.00
	Family	\$303.63	\$607.25	\$694.00	\$347.00	\$373.69	\$311.41	\$1,214.50
HARVARD PILGRIM - HMO Benchmark	Individual	\$107.50	\$215.00	\$245.71	\$122.86	\$132.31	\$110.26	\$430.00
	Family	\$286.13	\$572.25	\$654.00	\$327.00	\$352.15	\$293.46	\$1,144.50
RETIREES								
BCBS-Medex	Individual Only							\$189.00

Dental

Available to active employees only

PLAN NAME	GROUP	WEEKLY (48 weekly deductions)	BI WEEKLY	21 PAY*	42 PAY*	39 PAY*	39 PAY* LTS (10 month coverage)	EMPLOYEE MONTHLY COST
Delta Dental Premier	Individual	\$9.75	\$19.50	\$22.29	\$11.14	\$12.00	\$10.00	\$39.00
Delta Dental Premier	Family	\$24.25	\$48.50	\$55.43	\$27.71	\$29.85	\$24.87	\$97.00

*21 - Pay applies to Teachers only

*42 - Pay applies to paraprofessionals and tutors

*39 - Pay applies to cafeteria employees

*39- LTS Pay- applies to 10 Month coverage