



MANCHESTER SCHOOL DISTRICT
 SCHOOL ADMINISTRATIVE UNIT NO. 37
 195 McGregor Street, Suite 201
 Manchester, NH 03102
 Telephone: 603.624.6300 • Fax: 603.624.6337

COBRA Insurance Rates*
07/01/2018 - 06/30/2019

POS Blue Choice \$1,500 Plan	One Person	Two Person	Family
Total Monthly Premium	\$809.23	\$1,577.82	\$2,115.88

POS Blue Choice \$300 Plan	One Person	Two Person	Family
Total Monthly Premium	\$967.01	\$1,883.20	\$2,525.39

HMO Access Blue \$1,500 Plan	One Person	Two Person	Family
Total Monthly Premium	\$709.83	\$1,384.02	\$1,855.99

HMO Access Blue \$250 Plan	One Person	Two Person	Family
Total Monthly Premium	\$869.07	\$1,694.52	\$2,272.38

Anthem Lumenos HDHP without HSA	One Person	Two Person	Family
Total Monthly Premium	\$681.05	\$1,327.90	\$1,780.72

Northeast Delta Dental	One Person	Two Person	Family
Total Monthly Premium	\$46.62	\$90.43	\$173.76

*Please note that there will be a 2% COBRA administration fee added to the rates listed above