



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

Insurance Rates 07/01/2018 – 06/30/2019
Directors and Coordinators
(26 weeks = 12 month enrollment)

POS Blue Choice \$300 Plan	One Person	Two Person	Family
Total Monthly Premium	\$967.01	\$1,883.20	\$2,525.39
Monthly District Share	\$773.61	\$1,506.56	\$2,020.31
Monthly Employee Share	\$193.40	\$376.64	\$505.08
District Share Per Pay Period	\$357.05	\$695.34	\$932.45
Employee Share Per Pay Period	\$89.26	\$173.83	\$233.11

HMO Access Blue \$250 Plan	One Person	Two Person	Family
Total Monthly Premium	\$869.07	\$1,694.52	\$2,272.38
Monthly District Share	\$695.26	\$1,355.62	\$1,817.90
Monthly Employee Share	\$173.81	\$338.90	\$454.48
District Share Per Pay Period	\$320.89	\$625.67	\$839.03
Employee Share Per Pay Period	\$80.22	\$156.42	\$209.76

POS Blue Choice \$1,500 Plan	One Person	Two Person	Family
Total Monthly Premium	\$809.23	\$1,577.82	\$2,115.88
Monthly District Share	\$687.65	\$1,341.15	\$1,728.62
Monthly Employee Share	\$121.58	\$236.67	\$387.26
District Share Per Pay Period	\$317.38	\$618.99	\$797.82
Employee Share Per Pay Period	\$56.11	\$109.23	\$178.74

HMO Access Blue \$1,500 Plan	One Person	Two Person	Family
Total Monthly Premium	\$709.83	\$1,384.02	\$1,855.99
Monthly District Share	\$603.36	\$1,176.42	\$1,577.59
Monthly Employee Share	\$106.47	\$207.60	\$278.40
District Share Per Pay Period	\$278.47	\$542.96	\$728.12
Employee Share Per Pay Period	\$49.14	\$95.82	\$128.49

Anthem Lumenos HDHP with HSA	One Person	Two Person	Family
Total Monthly Premium	\$809.00	\$1,580.85	\$2,033.67
Monthly District Share	\$687.65	\$1,343.72	\$1,728.62
Monthly Employee Share	\$121.35	\$237.13	\$305.05
District Share Per Pay Period	\$317.38	\$620.18	\$797.82
Employee Share Per Pay Period	\$56.01	\$109.44	\$140.79

Anthem Lumenos HDHP without HSA	One Person	Two Person	Family
Total Monthly Premium	\$681.05	\$1,327.90	\$1,780.72
Monthly District Share	\$578.89	\$1,128.72	\$1,513.61
Monthly Employee Share	\$102.16	\$199.19	\$267.11
District Share Per Pay Period	\$267.18	\$520.95	\$698.59
Employee Share Per Pay Period	\$47.15	\$91.93	\$123.28

Northeast Delta Dental	One Person	Two Person	Family
Total Monthly Premium	\$46.62	\$90.43	\$173.76
Monthly District Share	\$37.30	\$72.34	\$139.01
Monthly Employee Share	\$9.32	\$18.09	\$34.75
District Share Per Pay Period	\$17.21	\$33.39	\$64.16
Employee Share Per Pay Period	\$4.30	\$8.35	\$16.04