



MANCHESTER SCHOOL DISTRICT
 SCHOOL ADMINISTRATIVE UNIT NO. 37
 195 McGregor Street, Suite 201
 Manchester, NH 03102
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Insurance Rates 07/01/2018 – 06/30/2019

Interpreter Tutors

(38 weeks= 12 month enrollment)

Rates will be prorated for mid-year changes

POS Blue Choice \$300 Plan	One Person	Two Person	Family
Total Monthly Premium	\$967.01	\$1,883.20	\$2,525.39
Monthly District Share	\$647.20	\$1,264.68	\$1,626.94
Monthly Employee Share	\$319.81	\$618.52	\$898.45
District Share Per Pay Period	\$204.38	\$399.37	\$513.77
Employee Share Per Pay Period	\$100.99	\$195.32	\$283.72

HMO Access Blue \$250 Plan	One Person	Two Person	Family
Total Monthly Premium	\$869.07	\$1,694.52	\$2,272.38
Monthly District Share	\$647.20	\$1,264.68	\$1,626.94
Monthly Employee Share	\$221.87	\$429.84	\$645.44
District Share Per Pay Period	\$204.38	\$399.37	\$513.77
Employee Share Per Pay Period	\$70.06	\$135.74	\$203.82

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	\$647.20	\$1,262.26	\$1,626.94
Monthly Employee Share	\$162.03	\$315.56	\$488.94
District Share Per Pay Period	\$204.38	\$398.61	\$513.77
Employee Share Per Pay Period	\$51.17	\$99.65	\$154.40

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	\$567.86	\$1,107.22	\$1,484.79
Monthly Employee Share	\$141.97	\$276.80	\$371.20
District Share Per Pay Period	\$179.33	\$349.65	\$468.88
Employee Share Per Pay Period	\$44.83	\$87.41	\$117.22

Anthem Lumenos HDHP with HSA	One Person	Two Person	Family
Total Monthly Premium	\$809.00	\$1,580.85	\$2,033.67
Monthly District Share	\$647.20	\$1,264.68	\$1,626.94
Monthly Employee Share	\$161.80	\$316.17	\$406.73
District Share Per Pay Period	\$204.38	\$399.37	\$513.77
Employee Share Per Pay Period	\$51.09	\$99.84	\$128.44

Anthem Lumenos HDHP without HSA	One Person	Two Person	Family
Total Monthly Premium	\$681.05	\$1,327.90	\$1,780.72
Monthly District Share	\$544.84	\$1,062.32	\$1,424.58
Monthly Employee Share	\$136.21	\$265.58	\$356.14
District Share Per Pay Period	\$172.05	\$335.47	\$449.87
Employee Share Per Pay Period	\$43.01	\$83.87	\$112.47

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	\$11.78	\$22.85	\$43.90
Employee Share Per Pay Period	\$2.94	\$5.71	\$10.97