



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

Non Affiliated Employees

(52 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	\$773.61	\$1,506.56	\$2,020.31
Monthly Employee Share	\$193.40	\$376.64	\$505.08
District Share Per Pay Period	\$178.52	\$347.67	\$466.23
Employee Share Per Pay Period	\$44.63	\$86.92	\$116.56

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	\$160.44	\$312.83	\$419.52
Employee Share Per Pay Period	\$40.11	\$78.21	\$104.88

Anthem Lumenos 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	\$158.69	\$310.09	\$398.91
Employee Share Per Pay Period	\$28.00	\$54.72	\$70.40

Anthem Lumenos 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	\$133.59	\$260.47	\$349.30
Employee Share Per Pay Period	\$23.57	\$45.97	\$61.64

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	\$8.61	\$16.69	\$32.08
Employee Share Per Pay Period	\$2.15	\$4.17	\$8.02