



MANCHESTER SCHOOL DISTRICT
 SCHOOL ADMINISTRATIVE UNIT NO. 37
 195 McGregor Street, Suite 201
 Manchester, NH 03102
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Insurance Rates 07/01/2016 – 06/30/2017
Directors and Coordinators
(26 weeks = 12 month enrollment)

POS Blue Choice New England	One Person	Two Person	Family
Total Monthly Premium	\$919.97	\$1,791.58	\$2,402.53
Monthly District Share	\$735.98	\$1,433.26	\$1,922.02
Monthly Employee Share	\$183.99	\$358.32	\$480.51
District Share Per Pay Period	\$339.68	\$661.51	\$887.09
Employee Share Per Pay Period	\$84.92	\$165.38	\$221.77

HMO Access Blue New England	One Person	Two Person	Family
Total Monthly Premium	\$826.79	\$1,612.08	\$2,161.83
Monthly District Share	\$661.43	\$1,289.66	\$1,729.46
Monthly Employee Share	\$165.36	\$322.42	\$432.37
District Share Per Pay Period	\$305.28	\$595.23	\$798.21
Employee Share Per Pay Period	\$76.32	\$148.81	\$199.55

POS Blue Choice \$1,500 Plan	One Person	Two Person	Family
Total Monthly Premium	\$769.86	\$1,501.06	\$2,012.94
Monthly District Share	\$654.38	\$1,275.90	\$1,652.47
Monthly Employee Share	\$115.48	\$225.16	\$360.47
District Share Per Pay Period	\$302.02	\$588.88	\$762.68
Employee Share Per Pay Period	\$53.30	\$103.92	\$166.37

HMO Access Blue \$1,500 Plan	One Person	Two Person	Family
Total Monthly Premium	\$675.30	\$1,316.69	\$1,765.69
Monthly District Share	\$574.01	\$1,119.19	\$1,500.84
Monthly Employee Share	\$101.30	\$197.50	\$264.85
District Share Per Pay Period	\$264.93	\$516.55	\$692.69
Employee Share Per Pay Period	\$46.75	\$91.16	\$122.24

Anthem Lumenos with HSA	One Person	Two Person	Family
Total Monthly Premium	\$772.91	\$1,513.30	\$1,944.08
Monthly District Share	\$656.97	\$1,286.31	\$1,652.47
Monthly Employee Share	\$115.94	\$227.00	\$291.61
District Share Per Pay Period	\$303.22	\$593.68	\$762.68
Employee Share Per Pay Period	\$53.51	\$104.77	\$134.59

Anthem Lumenos without HSA	One Person	Two Person	Family
Total Monthly Premium	\$647.91	\$1,263.30	\$1,694.08
Monthly District Share	\$550.72	\$1,073.81	\$1,439.97
Monthly Employee Share	\$97.19	\$189.50	\$254.11
District Share Per Pay Period	\$254.18	\$495.60	\$664.60
Employee Share Per Pay Period	\$44.86	\$87.46	\$117.28

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