



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
Grandfathered Certified Instructors – With Summer Coverage
(18 weeks= 12 month enrollment)
 Rates will be prorated for mid-year changes

POS Blue Choice New England	One Person	Two Person	Family
Total Monthly Premium	\$919.97	\$1,791.58	\$2,402.53
Monthly District Share	\$618.33	\$1,210.64	\$1,555.26
Monthly Employee Share	\$301.64	\$580.94	\$847.27
District Share Per Pay Period	\$385.83	\$754.62	\$977.84
Employee Share Per Pay Period	\$227.48	\$439.77	\$623.85

HMO Access Blue New England	One Person	Two Person	Family
Total Monthly Premium	\$826.79	\$1,612.08	\$2,161.83
Monthly District Share	\$618.33	\$1,210.64	\$1,555.26
Monthly Employee Share	\$208.46	\$401.44	\$606.57
District Share Per Pay Period	\$378.06	\$739.66	\$957.78
Employee Share Per Pay Period	\$173.13	\$335.06	\$483.44

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	\$615.89	\$1,200.85	\$1,555.26
Monthly Employee Share	\$153.97	\$300.21	\$457.68
District Share Per Pay Period	\$372.10	\$725.51	\$945.38
Employee Share Per Pay Period	\$141.14	\$275.19	\$396.59

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	\$540.24	\$1,053.35	\$1,412.55
Monthly Employee Share	\$135.06	\$263.34	\$353.14
District Share Per Pay Period	\$326.40	\$636.40	\$853.42
Employee Share Per Pay Period	\$123.81	\$241.39	\$323.71

Anthem Lumenos with HSA	One Person	Two Person	Family
Total Monthly Premium	\$772.91	\$1,513.30	\$1,944.08
Monthly District Share	\$618.33	\$1,210.64	\$1,555.26
Monthly Employee Share	\$154.58	\$302.66	\$388.82
District Share Per Pay Period	\$373.57	\$731.43	\$939.64
Employee Share Per Pay Period	\$141.70	\$277.44	\$356.41

Anthem Lumenos without HSA	One Person	Two Person	Family
Total Monthly Premium	\$647.91	\$1,263.30	\$1,694.08
Monthly District Share	\$518.33	\$1,010.64	\$1,355.26
Monthly Employee Share	\$129.58	\$252.66	\$338.82
District Share Per Pay Period	\$313.16	\$610.60	\$818.81
Employee Share Per Pay Period	\$118.78	\$231.61	\$310.58

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	\$22.53	\$43.71	\$83.98
Employee Share Per Pay Period	\$8.55	\$16.58	\$31.86