



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 07/01/2016 – 06/30/2017

Interpreter Tutors

(38 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	\$195.26	\$382.31	\$491.13
Employee Share Per Pay Period	\$95.25	\$183.45	\$267.56

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	\$195.26	\$382.31	\$491.13
Employee Share Per Pay Period	\$65.83	\$126.77	\$191.55

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	\$615.89	\$1,200.85	\$1,555.26
Monthly Employee Share	\$153.97	\$300.21	\$457.68
District Share Per Pay Period	\$194.49	\$379.22	\$491.13
Employee Share Per Pay Period	\$48.62	\$94.80	\$144.53

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	\$170.60	\$332.64	\$446.07
Employee Share Per Pay Period	\$42.65	\$83.16	\$111.52

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	\$195.26	\$382.31	\$491.14
Employee Share Per Pay Period	\$48.82	\$95.58	\$122.78

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	\$163.68	\$319.15	\$427.98
Employee Share Per Pay Period	\$40.92	\$79.79	\$106.99

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