



MANCHESTER SCHOOL DISTRICT
 SCHOOL ADMINISTRATIVE UNIT NO. 37
 195 McGregor Street, Suite 201
 Manchester, NH 03102
 Telephone: 603.624.6300 • Fax: 603.624.6337

COBRA Insurance Rates*
07/01/2017 - 06/30/2018

POS Blue Choice \$1,500 Plan	One Person	Two Person	Family
Total Monthly Premium	\$784.60	\$1,529.80	\$2,051.48

POS Blue Choice \$300 Plan	One Person	Two Person	Family
Total Monthly Premium	\$937.58	\$1,825.88	\$2,448.53

HMO Access Blue \$1,500 Plan	One Person	Two Person	Family
Total Monthly Premium	\$688.23	\$1,341.90	\$1,799.50

HMO Access Blue \$250 Plan	One Person	Two Person	Family
Total Monthly Premium	\$842.62	\$1,642.95	\$2,203.22

Anthem Lumenos HDHP without HSA	One Person	Two Person	Family
Total Monthly Premium	\$660.32	\$1,287.49	\$1,726.52

Northeast Delta Dental	One Person	Two Person	Family
Total Monthly Premium	\$46.62	\$90.43	\$173.76

*Please note that there will be a 2% COBRA administration fee added to the rates listed above