

Nauset Public Schools
78 Eldredge Park Way * Orleans, MA 02653 508-255-8800
INSURANCE PREMIUMS 7/1/23 - 6/30/24

Plan	Annl Cost	24 pays * Biweekly Cost			20 pays * Biweekly Cost			*no premium on 3 paycheck month		
		Total bi-monthly cost	Employee share 30%	NRSD share 70%	Total Bi-monthly cost	Employee share 30%	NRSD share 70%	Monthly Premium	NRSD 70%	Employee 30%
<u>Blue Care Elect PPO/High Deductible</u>										
Family	\$ 30,444	\$ 1,268.50	\$ 380.55	\$ 887.95	\$ 1,522.20	\$ 456.66	\$ 1,065.54	2,537	\$1,775.90	\$761.10
Parent/Child	24,384	1,016.00	304.80	711.20	1,219.20	365.76	853.44	2,032	\$1,422.40	\$609.60
Individual	12,144	506.00	151.80	354.20	607.20	182.16	425.04	1,012	\$708.40	\$303.60
<u>Network HMO Blue/High Deductible</u>										
Family	25,032	1,043.00	312.90	730.10	1,251.60	375.48	876.12	2,086	\$1,460.20	\$625.80
Parent/Child	18,840	785.00	235.50	549.50	942.00	282.60	659.40	1,570	\$1,099.00	\$471.00
Individual	9,324	388.50	116.55	271.95	466.20	139.86	326.34	777	\$543.90	\$233.10
<u>Harvard Pilgram HMO (EPO)/High Deduct</u>										
Family	23,268	969.50	290.85	678.65	1,163.40	349.02	814.38	1,939	\$1,357.30	\$581.70
Parent/Child	17,532	730.50	219.15	511.35	876.60	262.98	613.62	1,461	\$1,022.70	\$438.30
Individual	8,640	360.00	108.00	252.00	432.00	129.60	302.40	720	\$504.00	\$216.00
<u>Harvard Pilgram PPO/High Deductible</u>										
Family	25,608	1,067.00	320.10	746.90	1,280.40	384.12	896.28	2,134	\$1,493.80	\$640.20
Parent/Child	19,284	803.50	241.05	562.45	964.20	289.26	674.94	1,607	\$1,124.90	\$482.10
Individual	9,528	397.00	119.10	277.90	476.40	142.92	333.48	794	\$555.80	\$238.20
<u>Basic Life Insurance*</u>										
\$10,000	\$ 66	Total biweekly cost 2.75	Employee 50% 1.38	NRSD 50% 1.38	Total biweekly cost 3.30	Employee 50% 1.65	NRSD 50% 1.65	5.50		
<u>Delta Dental Premier Voluntary Plan</u>										
Family	\$ 1,308	54.50	Employee 100% 54.50		65.40	Employee 100% 65.40		109.00		
Individual	504	21.00	Employee 100% 21.00		25.20	Employee 100% 25.20		42.00		
Orthodontic benefit is \$1000 lifetime max per member under age 19.										
<u>EyeMed Vision Plan</u>										
Family	\$ 252.24	10.51	Employee 100% 10.51		12.61	Employee 100% 12.61		21.02		
2 Person	171.72	7.16	Employee 100% 7.16		8.59	Employee 100% 8.59		14.31		
Individual	90.36	3.77	Employee 100% 3.77		4.52	Employee 100% 4.52		7.53		

* **Supplemental Voluntary Life Insurance** * Supplemental Voluntary Group Term Life Insurance is available with the purchase of Basic Life Insurance. Employee pays 100%. Rates available upon request. Please note: Life Insurance enrollment may be subject to medical underwriting.

The new rates for the Medical, Dental, and Life Insurance plans commence July 1, 2023. Premiums are deducted from your paycheck for the following month (i.e., July's premium is collected from June's paycheck). Payroll deductions are withheld on a pre-tax basis.