

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</u>										
Family	\$ 37,176	\$ 1,549.00	\$ 464.70	\$ 1,084.30	\$ 1,858.80	\$ 557.64	\$ 1,301.16	3,098	\$2,168.60	\$929.40
Parent/Child	29,760	1,240.00	372.00	868.00	1,488.00	446.40	1,041.60	2,480	\$1,736.00	\$744.00
Individual	14,856	619.00	185.70	433.30	742.80	222.84	519.96	1,238	\$866.60	\$371.40
<u>Network HMO Blue</u>										
Family	30,492	1,270.50	381.15	889.35	1,524.60	457.38	1,067.22	2,541	\$1,778.70	\$762.30
Parent/Child	22,908	954.50	286.35	668.15	1,145.40	343.62	801.78	1,909	\$1,336.30	\$572.70
Individual	11,364	473.50	142.05	331.45	568.20	170.46	397.74	947	\$662.90	\$284.10
<u>Harvard Pilgram HMO (EPO)</u>										
Family	29,892	1,245.50	373.65	871.85	1,494.60	448.38	1,046.22	2,491	\$1,743.70	\$747.30
Parent/Child	22,344	931.00	279.30	651.70	1,117.20	335.16	782.04	1,862	\$1,303.40	\$558.60
Individual	11,172	465.50	139.65	325.85	558.60	167.58	391.02	931	\$651.70	\$279.30
<u>Harvard Pilgram PPO</u>										
Family	32,436	1,351.50	405.45	946.05	1,621.80	486.54	1,135.26	2,703	\$1,892.10	\$810.90
Parent/Child	24,516	1,021.50	306.45	715.05	1,225.80	367.74	858.06	2,043	\$1,430.10	\$612.90
Individual	12,264	511.00	153.30	357.70	613.20	183.96	429.24	1,022	\$715.40	\$306.60
<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.