

**DENNIS-YARMOUTH REGIONAL SCHOOL DISTRICT
FY2018 INSURANCE RATES YEAR ROUND**

	Employee Biweekly	Employee Monthly	District Monthly	District Biweekly	Premium Total
<u>HARVARD PILGRIM (HMO)</u>					
INDIVIDUAL	\$160.80	\$321.60	\$482.40	\$241.20	\$804.00
Parent with Child	\$321.60	\$643.20	\$964.80	\$482.40	\$1,608.00
FAMILY	\$430.00	\$860.00	\$1,290.00	\$645.00	\$2,150.00
<u>HARVARD PILGRIM (PPO)</u>					
INDIVIDUAL	\$176.40	\$352.80	\$529.20	\$264.60	\$882.00
Parent with Child	\$352.80	\$705.60	\$1,058.40	\$529.20	\$1,764.00
FAMILY	\$466.80	\$933.60	\$1,400.40	\$700.20	\$2,334.00
<u>BCBS NETWORK BLUE (HMO)</u>					
INDIVIDUAL	\$161.80	\$323.60	\$485.40	\$242.70	\$809.00
Parent with Child	\$326.60	\$653.20	\$979.80	\$489.90	\$1,633.00
FAMILY	\$434.60	\$869.20	\$1,303.80	\$651.90	\$2,173.00
<u>BCBS BLUE CARE ELECT (PPO)</u>					
INDIVIDUAL	\$211.60	\$423.20	\$634.80	\$317.40	\$1,058.00
Parent with Child	\$424.40	\$848.80	\$1,273.20	\$636.60	\$2,122.00
FAMILY	\$529.80	\$1,059.60	\$1,589.40	\$794.70	\$2,649.00
<u>DELTA DENTAL</u>					
INDIVIDUAL	\$8.00	\$16.00	\$24.00	\$12.00	\$40.00
Parent with Child	\$15.80	\$31.60	\$47.40	\$23.70	\$79.00
FAMILY	\$20.60	\$41.20	\$61.80	\$30.90	\$103.00
<u>EYE MED VISION Plan (Voluntary plan, not subsidized)</u>					
INDIVIDUAL	\$3.77	\$7.53	0		\$7.53
2- Person	\$7.16	\$14.31	0		\$14.31
FAMILY	\$10.51	\$21.02	0		\$21.02
<u>LIFE</u>					
\$5,000	\$0.38		\$1.14	\$0.57	\$1.90

Payroll deductions are scheduled for 24 payrolls. No deduction are taken for a third payroll in the month

Salaried employees on a 22 week payroll schedule will have their premiums doubled in May and June to cover the summer premiums

School year, non-certified employees, paying accelerated rate, will get a separate rate schedule

