

**DENNIS-YARMOUTH REGIONAL SCHOOL DISTRICT  
FY2020 INSURANCE RATES YEAR ROUND**

	<b>Employee Biweekly</b>	<b>Employee Monthly</b>	<b>District Monthly</b>	<b>District Biweekly</b>	<b>Premium Total</b>
<b><u>HARVARD PILGRIM (HMO)</u></b>					
INDIVIDUAL	\$170.40	\$340.80	\$511.20	\$255.60	\$852.00
Parent with Child	\$340.80	\$681.60	\$1,022.40	\$511.20	\$1,704.00
FAMILY	\$455.80	\$911.60	\$1,367.40	\$683.70	\$2,279.00
<b><u>HARVARD PILGRIM (PPO)</u></b>					
INDIVIDUAL	\$187.00	\$374.00	\$561.00	\$280.50	\$935.00
Parent with Child	\$374.00	\$748.00	\$1,122.00	\$561.00	\$1,870.00
FAMILY	\$494.80	\$989.60	\$1,484.40	\$742.20	\$2,474.00
<b><u>BCBS NETWORK BLUE (HMO)</u></b>					
INDIVIDUAL	\$171.60	\$343.20	\$514.80	\$257.40	\$858.00
Parent with Child	\$346.20	\$692.40	\$1,038.60	\$519.30	\$1,731.00
FAMILY	\$460.60	\$921.20	\$1,381.80	\$690.90	\$2,303.00
<b><u>BCBS BLUE CARE ELECT (PPO)</u></b>					
INDIVIDUAL	\$224.20	\$448.40	\$672.60	\$336.30	\$1,121.00
Parent with Child	\$449.80	\$899.60	\$1,349.40	\$674.70	\$2,249.00
FAMILY	\$561.60	\$1,123.20	\$1,684.80	\$842.40	\$2,808.00
<b><u>DELTA DENTAL</u></b>					
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
<b><u>EYE MED VISION Plan (Voluntary plan, not subsidized)</u></b>					
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
<b><u>LIFE</u></b>					
<b>\$5,000</b>	\$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

