

**DENNIS-YARMOUTH REGIONAL SCHOOL DISTRICT  
FY2024 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	\$186.20	\$372.40	\$558.60	\$279.30	\$931.00
Parent with Child	\$372.40	\$744.80	\$1,117.20	\$558.60	\$1,862.00
FAMILY	\$498.20	\$996.40	\$1,494.60	\$747.30	\$2,491.00
<b><u>HARVARD PILGRIM (PPO)</u></b>					
INDIVIDUAL	\$204.40	\$408.80	\$613.20	\$306.60	\$1,022.00
Parent with Child	\$408.60	\$817.20	\$1,225.80	\$612.90	\$2,043.00
FAMILY	\$540.60	\$1,081.20	\$1,621.80	\$810.90	\$2,703.00
<b><u>BCBS NETWORK BLUE (HMO)</u></b>					
INDIVIDUAL	\$189.40	\$378.80	\$568.20	\$284.10	\$947.00
Parent with Child	\$381.80	\$763.60	\$1,145.40	\$572.70	\$1,909.00
FAMILY	\$508.20	\$1,016.40	\$1,524.60	\$762.30	\$2,541.00
<b><u>BCBS BLUE CARE ELECT (PPO)</u></b>					
INDIVIDUAL	\$247.60	\$495.20	\$742.80	\$371.40	\$1,238.00
Parent with Child	\$496.00	\$992.00	\$1,488.00	\$744.00	\$2,480.00
FAMILY	\$619.60	\$1,239.20	\$1,858.80	\$929.40	\$3,098.00
<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</u> (Voluntary plan, not subsidized)</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	\$0.76	\$1.14	\$0.57	\$1.90

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

**Salaried employees** on 22 payrolls 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