

**DENNIS-YARMOUTH REGIONAL SCHOOL DISTRICT  
FY2025 INSURANCE RATES YEAR ROUND**

	<b>Employee Biweekly</b>	<b>Employee Monthly</b>	<b>District Biweekly</b>	<b>District Monthly</b>	<b>Premium Total</b>
<b><u>HARVARD PILGRIM (HMO)</u></b>					
INDIVIDUAL	\$201.00	\$402.00	\$301.50	\$603.00	\$1,005.00
Parent with Child	\$402.20	\$804.40	\$603.30	\$1,206.60	\$2,011.00
FAMILY	\$538.00	\$1,076.00	\$807.00	\$1,614.00	\$2,690.00
<b><u>HARVARD PILGRIM (PPO)</u></b>					
INDIVIDUAL	\$220.80	\$441.60	\$331.20	\$662.40	\$1,104.00
Parent with Child	\$441.20	\$882.40	\$661.80	\$1,323.60	\$2,206.00
FAMILY	\$583.80	\$1,167.60	\$875.70	\$1,751.40	\$2,919.00
<b><u>BCBS NETWORK BLUE (HMO)</u></b>					
INDIVIDUAL	\$204.60	\$409.20	\$306.90	\$613.80	\$1,023.00
Parent with Child	\$412.40	\$824.80	\$618.60	\$1,237.20	\$2,062.00
FAMILY	\$548.80	\$1,097.60	\$823.20	\$1,646.40	\$2,744.00
<b><u>BCBS BLUE CARE ELECT (PPO)</u></b>					
INDIVIDUAL	\$267.40	\$534.80	\$401.10	\$802.20	\$1,337.00
Parent with Child	\$535.60	\$1,071.20	\$803.40	\$1,606.80	\$2,678.00
FAMILY	\$669.20	\$1,338.40	\$1,003.80	\$2,007.60	\$3,346.00
<b><u>DELTA DENTAL</u></b>					
INDIVIDUAL	\$8.00	\$16.00	\$12.00	\$24.00	\$40.00
Parent with Child	\$15.80	\$31.60	\$23.70	\$47.40	\$79.00
FAMILY	\$20.60	\$41.20	\$30.90	\$61.80	\$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>	\$0.45	\$0.90	\$0.68	\$1.35	\$2.25

**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