

WACHUSETT REGIONAL SCHOOL DISTRICT

1745 MAIN STREET, JEFFERSON, MA 01522

HEALTH PLAN RATES - JULY 1, 2019 THROUGH JUNE 30, 2020

BLUE CROSS BLUE SHIELD OF MASSACHUSETTS

HEALTH PLAN		INDIVIDUAL	FAMILY
HMO BLUE NEW ENGLAND OPTIONS			
FULL COST - MONTHLY	100%	699.58	1,853.89
DISTRICT COST - MONTHLY	78%	545.67	1,446.03
EMPLOYEE COST - MONTHLY	22%	153.91	407.86
26 - Pay Periods 26 Pay Periods (7/12/19 - 6/26/20)		71.03	188.24
21 - Pay Periods 3 Pay Periods (5/17, 5/31, 6/14/19)		102.61	271.90
18 Pay Periods (9/6/19 - 5/1/20)		85.50	226.59
HMO BLUE NEW ENGLAND ENHANCED VALUE		INDIVIDUAL	FAMILY
FULL COST - MONTHLY	100%	758.93	2,011.12
DISTRICT COST - MONTHLY		545.67	1,446.03
EMPLOYEE COST - MONTHLY	**	213.26	565.09
26 - Pay Periods 26 Pay Periods (7/12/19 - 6/26/20)		98.43	260.81
21 - Pay Periods 3 Pay Periods (5/17, 5/31, 6/14/19)		142.17	376.72
18 Pay Periods (9/6/19 - 5/1/20)		118.48	313.94
** Cost difference between HMO Blue NE Options and HMO Blue NE Enhanced Value			
BLUE CARE ELECT PPO		INDIVIDUAL	FAMILY
FULL COST - MONTHLY	100%	790.74	2,095.47
DISTRICT COST - MONTHLY	50%	395.37	1,047.74
EMPLOYEE COST - MONTHLY	50%	395.37	1,047.74
26 - Pay Periods 26 Pay Periods (7/12/19 - 6/26/20)		182.48	483.57
21 - Pay Periods 3 Pay Periods (5/17, 5/31, 6/14/19)		263.58	698.49
18 Pay Periods (9/6/19 - 5/1/20)		219.65	582.08

2 Months (July & August 2019 premium) divided evenly over 3 pay periods = 5/17/19, 5/31/19, 6/4/19

10 Months (September - June 2020 premium) divided evenly over 18 pay periods = 9/6/19 through 5/1/20 pay periods

21 Pays - New July 1, 2020 rates will be deducted beginning with the 5/15/20 pay period