

# Souhegan

2023-2024

## HEALTH & DENTAL INSURANCE RATES and PLAN OPTIONS

PLAN TYPE:	Monthly Cost	Monthly District Share	Monthly Employee Share	School Year Hourly Support Staff Deduction 16 pays	School Year Salaried Deduction 20 pays	Year Round Employee Deduction 24 pays	Employee Annual	District Annual	District Annual Amount towards Deductible	District 16 pays	District 20 pays	District 24 pays
<b>Delta Dental: Option 1P</b>												
Single 90%	\$50.57	\$45.51	\$5.06	\$3.79	\$3.03	\$2.53	\$60.68	\$546.16		\$34.13	\$27.31	\$22.76
Two-Person 75%	\$97.66	\$73.25	\$24.42	\$18.31	\$14.65	\$12.21	\$292.98	\$878.94		\$54.93	\$43.95	\$36.62
Family 75%	\$174.28	\$130.71	\$43.57	\$32.68	\$26.14	\$21.79	\$522.84	\$1,568.52		\$98.03	\$78.43	\$65.36
<b>Access Blue New England HMO</b> \$5 co-pay      RX: \$10 generic, \$20 Tier II, \$45 Tier III												
Single 90%	\$967.19	\$870.47	\$96.72	\$72.54	\$58.03	\$48.36	\$1,160.63	\$10,445.65		\$652.85	\$522.28	\$435.24
Two-Person 77%	\$1,934.38	\$1,489.47	\$444.91	\$333.68	\$266.94	\$222.45	\$5,338.89	\$17,873.67		\$1,117.10	\$893.68	\$744.74
Family 77%	\$2,611.41	\$2,010.79	\$600.62	\$450.47	\$360.37	\$300.31	\$7,207.49	\$24,129.43		\$1,508.09	\$1,206.47	\$1,005.39
<b>Lumenos Health Savings Account (HSA)</b> \$2500 deductible single / \$5000 deductible 2-person and family plans												
Single 95%	\$745.41	\$708.14	\$37.27	\$27.95	\$22.36	\$18.64	\$447.25	\$8,497.67	\$1,750	\$531.10	\$424.88	\$354.07
Two-Person 90%	\$1,490.83	\$1,341.75	\$149.08	\$111.81	\$89.45	\$74.54	\$1,789.00	\$16,100.96	\$2,500	\$1,006.31	\$805.05	\$670.87
Family 85%	\$2,012.62	\$1,710.73	\$301.89	\$226.42	\$181.14	\$150.95	\$3,622.72	\$20,528.72	\$3,000	\$1,283.05	\$1,026.44	\$855.36
<b>Access Blue Site of Service (ABSOS)</b> \$20 co-pay / \$40 speciality co-pay      \$1000 deductible per enrollee / \$3000 deductible family plans												
Single 95%	\$737.19	\$700.33	\$36.86	\$27.64	\$22.12	\$18.43	\$442.31	\$8,403.97	\$750	\$525.25	\$420.20	\$350.17
Two-Person 90%	\$1,474.38	\$1,326.94	\$147.44	\$110.58	\$88.46	\$73.72	\$1,769.26	\$15,923.30	\$1,500	\$995.21	\$796.17	\$663.47
Family 85%	\$1,990.42	\$1,691.86	\$298.56	\$223.92	\$179.14	\$149.28	\$3,582.76	\$20,302.28	\$2,250	\$1,268.89	\$1,015.11	\$845.93
<b>BlueChoice POS 2-Tier</b> \$10 co-pay      RX: \$10 generic, \$20 Tier II, \$45 Tier III												
Single 80%	\$1,033.44	\$826.75	\$206.69	\$155.02	\$124.01	\$103.34	\$2,480.26	\$9,921.02		\$620.06	\$496.05	\$413.38
Two-Person 65%	\$2,066.89	\$1,343.48	\$723.41	\$542.56	\$434.05	\$361.71	\$8,680.94	\$16,121.74		\$1,007.61	\$806.09	\$671.74
Family 65%	\$2,790.29	\$1,813.69	\$976.60	\$732.45	\$585.96	\$488.30	\$11,719.22	\$21,764.26		\$1,360.27	\$1,088.21	\$906.84
This plan is only available to employees enrolled as of July 1, 2015												
This plan is being eliminated by HealthTrust as of June 30, 2025.												