

**CHELMSFORD PUBLIC SCHOOL DEPARTMENT
INSURANCE RATES FOR 2020 - 2021
EFFECTIVE FOR JULY 1, 2020 COVERAGE**

	<u>Annual (Employee Amount)</u>		<u>26 Payments</u>	<u>21 Payments</u>
<u>PPO Blue Care Elect</u>	\$ 11,785.20	Family	\$453.28	\$561.20
	\$ 4,551.36	Single	\$175.05	\$216.73
<u>HMO Network Blue</u>	\$ 6,360.72	Family	\$244.64	\$302.89
	\$ 2,456.76	Single	\$94.49	\$116.99
<u>HMO Network Blue Select</u>	\$ 5,724.72	Family	\$220.18	\$272.61
	\$ 2,211.00	Single	\$85.04	\$105.29
<u>Blue Cross Blue Shield Dental</u>	<u>Low Plan</u>			
	\$ 1,256.16	Family	\$48.31	\$59.82
	\$ 543.48	Single	\$20.90	\$25.88
	<u>High Plan</u>			
	\$ 1,739.52	Family	\$66.90	\$82.83
	\$ 762.48	Single	\$29.33	\$36.31
<u>MetLife Vision</u>	\$ 132.12	Individual	\$5.08	\$6.30
		EE + 1		\$11.78
	\$ 247.20	Dependent	\$9.51	
	\$ 357.60	Family	\$13.75	\$17.03
<u>Boston Mutual Basic Life</u>	\$ 12.72		\$0.49	\$0.61

Cafeteria Plan Advisors FlexChoice

			<u>Admin Fee</u>
Flexible Spending Acct	\$2,750.00	Annual limit	Town will Pay
Dependent Care Acct	\$5,000.00	Annual limit	Town will Pay

****Debit Card will be issued to everyone at no additional cost to employee. Town will pick up the cost.

****Aides, Paraprofessionals and Food Service employees; as well as teachers who elect to be paid 21 times a year, will have their deductions taken 21 times per year.

**** All other employees paid 26 times a year will have their deductions taken 26 times a year

******* All new enrollees will have double deductions taken out for the first month.
This is due to the fact that we pay one month in advance for all benefits.**