

**CHELMSFORD PUBLIC SCHOOL DEPARTMENT
INSURANCE RATES FOR 2023 - 2024
EFFECTIVE FOR JULY 1, 2023 COVERAGE**

	<u>Annual (Employee Amount)</u>		<u>26 Payments</u>	<u>21 Payments</u>
<u>PPO Blue Care Elect</u>	\$ 13,130.28	Family	\$505.01	\$625.26
	\$ 5,070.84	Single	\$195.03	\$241.47
<u>HMO Network Blue</u>	\$ 7,086.72	Family	\$272.57	\$337.47
	\$ 2,737.08	Single	\$105.27	\$130.34
<u>HMO Network Blue Select</u>	\$ 6,378.12	Family	\$245.31	\$303.72
	\$ 2,463.36	Single	\$94.75	\$117.31
<u>Blue Cross Blue Shield Dental</u>	<u>Low Plan</u>			
	\$ 1,185.72	Family	\$45.60	\$56.47
	\$ 513.00	Single	\$19.73	\$24.43
	<u>High Plan</u>			
	\$ 1,641.96	Family	\$63.15	\$78.19
	\$ 719.64	Single	\$27.68	\$34.27
<u>Blue 20/20 Vision</u>	\$ 95.76	Individual	\$3.68	\$4.56
	\$ 162.96	EE + 1 Spouse	\$6.27	\$7.76
	\$ 167.64	EE + 1 or more Dependents	\$6.45	\$7.99
	\$ 263.40	Family	\$10.13	\$12.55
<u>Boston Mutual Basic Life</u>	\$ 12.72		\$0.49	\$0.61

Cafeteria Plan Advisors FlexChoice

		<u>Admin Fee</u>
Flexible Spending Acct	\$3,050.00 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.