

CHELMSFORD PUBLIC SCHOOL DEPARTMENT

INSURANCE RATES FOR 2024 - 2025

EFFECTIVE FOR JULY 1, 2024 COVERAGE

	Annual (Employee Amount)		26 Payments	21 Payments
<u>PPO Blue Care Elect</u>	\$ 13,890.48 Family		\$534.25	\$661.46
	\$ 5,364.36 Single		\$206.32	\$255.45
<u>HMO Network Blue</u>	\$ 7,497.00 Family		\$288.35	\$357.00
	\$ 2,895.60 Single		\$111.37	\$137.89
<u>HMO Network Blue Select</u>	\$ 6,747.36 Family		\$259.52	\$321.31
	\$ 2,606.04 Single		\$100.23	\$124.10
<u>Blue Cross Blue Shield Dental</u>				
	<u>Low Plan</u>			
	\$ 1,208.04 Family		\$46.46	\$57.53
	\$ 522.60 Single		\$20.10	\$24.89
	<u>High Plan</u>			
	\$ 1,672.80 Family		\$64.34	\$79.66
	\$ 733.20 Single		\$28.20	\$34.92
<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.