

Monomoy Regional School District
Active Employee Rates
July 1, 2024-June 30, 2025

HEALTH PLANS-Standard Low Deductible Health Plan			
	Individual	Single Parent Single Child	Family
Harvard Pilgrim PPO	1,104.00	2,206.00	2,919.00
MRSD Monthly Share @ 70%	772.80	1544.20	2043.30
Employee MonthlyShare @ 30%	331.20	661.80	875.70
Bi-weekly Employee Cost	165.60	330.90	437.85
Bi-weekly Employer Cost	386.40	772.10	1021.65
Harvard Pilgrim HMO	1005.00	2011.00	2690.00
MRSD Share @ 70%	703.50	1407.70	1883.00
Employee Share @ 30%	301.50	603.30	807.00
Bi-weekly Employee Cost	150.75	301.65	403.50
Bi-weekly Employer Cost	351.75	703.85	941.50
BCBS Network Blue	1023.00	2062.00	2744.00
MRSD Share @ 70%	716.10	1443.40	1920.80
Employee Share @ 30%	306.90	618.60	823.20
Bi-weekly Employee Cost	153.45	309.30	411.60
Bi-weekly Employer Cost	358.05	721.70	960.40
BCBS Blue Care Elect PPO	1337.00	2678.00	3346.00
MRSD Share @ 70%	935.90	1874.60	2342.20
Employee Share @ 30%	401.10	803.40	1003.80
Bi-weekly Employee Cost	200.55	401.70	501.90
Bi-weekly Employer Cost	467.95	937.30	1171.10

HEALTH PLANS-HSAQ-Qualified High Deductible Health Plans			
	Individual	Single Parent Single Child	Family
Harvard Pilgrim HSAQ PPO	858.00	1,736.00	2,305.00
MRSD Monthly Share @ 70%	600.60	1215.20	1613.50
Employee MonthlyShare @ 30%	257.40	520.80	691.50
Bi-weekly Employee Cost	128.70	260.40	345.75
Bi-weekly Employer Cost	300.30	607.60	806.75
Harvard Pilgrim HSAQ HMO	778.00	1578.00	2094.00
MRSD Share @ 70%	544.60	1104.60	1465.80
Employee Share @ 30%	233.40	473.40	628.20
Bi-weekly Employee Cost	116.70	236.70	314.10
Bi-weekly Employer Cost	272.30	552.30	732.90
BCBS Network Blue-HMO Saver	839.00	1696.00	2253.00
MRSD Share @ 70%	587.30	1187.20	1577.10
Employee Share @ 30%	251.70	508.80	675.90
Bi-weekly Employee Cost	125.85	254.40	337.95
Bi-weekly Employer Cost	293.65	593.60	788.55
BCBS Blue Care Elect PPO-PPO Saver	1093.00	2195.00	2740.00
MRSD Share @ 70%	765.10	1536.50	1918.00
Employee Share @ 30%	327.90	658.50	822.00
Bi-weekly Employee Cost	163.95	329.25	411.00
Bi-weekly Employer Cost	382.55	768.25	959.00

Monomoy Regional School District
 Active Employee Rates
 July 1, 2024-June 30, 2025

Delta Dental	40.00	79.00	103.00
MRSD Share @ 70%	28.00	55.30	72.10
Employee Share @ 30%	12.00	23.70	30.90
Bi-weekly Employee Cost	6.00	11.85	15.45

EYEMED VISION			
Vision Care	7.53	14.31	21.02
MRSD Share @ 70%	5.27	10.02	14.71
Employee Share @ 30%	2.26	4.29	6.31
Bi-weekly Employee Cost	1.13	2.15	3.15

LIFE INSURANCE PLAN			
Boston Mutual	1.60	N/A	N/A
MRSD Share @ 70%	1.12	N/A	N/A
Employee Share @ 30%	0.48	N/A	N/A
Monthly Employee Cost	0.48		