



NORTH MIDDLESEX

Regional School District

Benefit Plans - FY2025

7/1/2024 - 6/30/2025

Health Insurance - Blue Cross Blue Shield of Massachusetts - 75% Employer Paid 25% Employee

Low Deductible Plans \$300 Individual / \$900 Family

Health Plan	Coverage Tier	Monthly Total	Monthly Rate		Per Pay Period	Employee Annual
			Employer 75%	Employee 75%		
BCBS HMO (HMO Blue NE Deductible)	Family	\$3,097.67	\$ 2,323.25	\$ 774.42	\$ 387.21	\$ 9,293.01
Group # 004071130	Individual	\$ 1,180.96	\$ 885.72	\$ 295.24	\$ 147.62	\$ 3,542.88
BCBS HMO - Select (HMO Blue Select)	Family	\$2,925.58	\$ 2,194.19	\$ 731.40	\$ 365.70	\$ 8,776.74
Group # 004071299	Individual	\$ 1,115.35	\$ 836.51	\$ 278.84	\$ 139.42	\$ 3,346.05
BCBS PPO (For early out of state retirees only)	Family	\$3,286.63	\$ 2,464.97	\$ 821.66	\$ 410.83	\$ 9,859.89
Group # 002379468	Individual	\$ 1,253.00	\$ 939.75	\$ 313.25	\$ 156.63	\$ 3,759.00

High Deductible Plan (HSA Qualified) \$2000 Individual / \$4000 Family

Health Plan	Coverage Tier	Monthly Total	Monthly Rate		Per Pay Period	Employee Annual
			Employer 75%	Employee 75%		
BCBS HMO (Access Blue New England Saver)	Family	\$2,478.14	\$ 1,858.61	\$ 619.54	\$ 309.77	\$ 7,434.42
Group # 4071302	Individual	\$ 944.77	\$ 708.58	\$ 236.19	\$ 118.10	\$ 2,834.31

Dental - Delta Dental - 100% Employee Paid

Delta Dental Plan	Coverage Tier	Monthly Total	Monthly Rate Employee	Per Pay Period	Employee Annual
Delta Dental Premier	Family	\$ 97.00	\$ 97.00	\$ 48.50	\$ 1,164.00
Group # 009506-6343	Individual	\$ 39.00	\$ 39.00	\$ 19.50	\$ 468.00
Delta Dental PPO Plus Premier	Family	\$ 134.00	\$ 134.00	\$ 67.00	\$ 1,608.00
Group # 009506-6344	Individual	\$ 53.00	\$ 53.00	\$ 26.50	\$ 636.00

Vision - EyeMed - 100% Employee Paid

EyeMed Group # 1022672	Monthly Total	Monthly Rate Employee	Per Pay Period	Employee Annual
Subscriber + Family	\$ 21.60	\$ 21.60	\$ 10.80	\$ 259.20
Subscriber + Child (Children)	\$ 14.69	\$ 14.69	\$ 7.35	\$ 176.28
Subscriber + Spouse	\$ 13.96	\$ 13.96	\$ 6.98	\$ 167.52
Subscriber	\$ 7.34	\$ 7.34	\$ 3.67	\$ 88.08

Note: 24 pay periods of deductions per fiscal year