WACHUSETT REGIONAL SCHOOL DISTRICT HEALTH PLAN RATES - JULY 1, 2025 THROUGH JUNE 30, 2026			
BLUE CROSS BLUE SHIELD OF MASSACHUSETTS			
HEALTH PLAN			
HMO BLUE NEW ENGLAND OPTIONS		**INDIVIDUAL**	**FAMILY**
FULL COST - MONTHLY (12 months)	**100%**	$1,087.41	$2,881.63
DISTRICT COST - MONTHLY (12 months)	**78%**	$848.18	$2,247.67
EMPLOYEE COST - MONTHLY (12 Months)	**22%**	$239.23	$633.96
26 - Pay Periods			
Employee Cost Per Pay (7/4/25 - 6/19/26)		$110.41	$292.60
21 - Pay Periods			
Employee Cost Per Pay (5/23/25 - 5/8/26)		$136.70	$362.26
HMO BLUE NEW ENGLAND ENHANCED VALUE		**INDIVIDUAL**	**FAMILY**
FULL COST - MONTHLY (12 months)	**100%**	$1,171.40	$3,104.11
DISTRICT COST - MONTHLY (12 months)		$848.18	$2,247.67
EMPLOYEE COST - MONTHLY (12 Months)	**	$323.22	$856.44
26 - Pay Periods			
Employee Cost Per Pay (7/4/25 - 6/19/26)		$149.18	$395.28
21 - Pay Periods			
Employee Cost Per Pay (5/23/25 - 5/8/26)		$184.70	$489.39
** Cost difference between HMO Blue NE Options and HMO Blue NE Enhanced Value			
ACCESS BLUE NE SAVER $2,000 * **		**INDIVIDUAL**	**FAMILY**
FULL COST - MONTHLY (12 months)	**100%**	$996.95	$2,641.83
DISTRICT COST - MONTHLY (12 months)	**78%**	$777.62	$2,060.63
EMPLOYEE COST - MONTHLY (12 Months)	**22%**	$219.33	$581.20
26 - Pay Periods			
Employee Cost Per Pay (7/4/25 - 6/19/26)		$101.23	$268.25
21 - Pay Periods			
Employee Cost Per Pay (5/23/25 - 5/8/26)		$125.33	$332.12
*** You may enroll in the Health Savings Account - HSA if you enroll in this plan			
BLUE CARE ELECT PPO		**INDIVIDUAL**	**FAMILY**
FULL COST - MONTHLY (12 months)	**100%**	$1,249.00	$3,309.84
DISTRICT COST - MONTHLY (12 months)	**50%**	$624.50	$1,654.92
EMPLOYEE COST - MONTHLY (12 Months)	**50%**	$624.50	$1,654.92
26 - Pay Periods			
Employee Cost Per Pay (7/4/25 - 6/19/26)		$288.23	$763.81
21 - Pay Periods			
Employee Cost Per Pay (5/23/25 - 5/8/26)		$356.86	$945.67

21 Pays - New July 1, 2026 rates will be deducted beginning with the 5/22/26 pay period