**Town of Concord/Concord-Carlisle Regional School District**
**Health Insurance Rates - Full Year (26 Pays)**
**Effective July 1, 2025**

***New rates will be reflected in the first pay of June 2025. Please be sure to review your payroll deductions in the employee portal.***

| FAMILY | Network Blue NE Full Network | Network Blue Select Limited Network | Blue Care Elect | Access Blue NE Saver Full Network | Network Blue Select Saver Limited Network |
|---|---|---|---|---|---|
| | HMO | HMO | PPO | HSA* | HSA* |
| Total Monthly Premium | $3,320.58 | $2,888.91 | $3,984.70 | $2,894.86 | $2,518.53 |
| Town's Contribution Rate | 65% | 65% | 50% | 70% | 70% |
| *Town Share* | $2,158.38 | $1,877.79 | $1,992.35 | $2,026.40 | $1,762.97 |
| *Employee Share* | $1,162.20 | $1,011.12 | $1,992.35 | $868.46 | $755.56 |
| Employee's Bi-weekly Payroll Deduction** | $581.10 | $505.56 | $996.17 | $434.23 | $377.78 |

| INDIVIDUAL | Network Blue NE Full Network | Network Blue Select Limited Network | Blue Care Elect | Access Blue NE Saver Full Network | Network Blue Select Saver Limited Network |
|---|---|---|---|---|---|
| | HMO | HMO | PPO | HSA* | HSA* |
| Total Monthly Premium | $1,243.89 | $1,082.18 | $1,492.67 | $1,084.42 | $943.44 |
| Town's Contribution Rate | 65% | 65% | 50% | 70% | 70% |
| *Town Share* | $808.53 | $703.42 | $746.34 | $759.09 | $660.41 |
| *Employee Share* | $435.36 | $378.76 | $746.34 | $325.33 | $283.03 |
| Employee's Bi-weekly Payroll Deduction** | $217.68 | $189.38 | $373.16 | $162.67 | $141.52 |

***High Deductible plans include a Health Savings Account (HSA) managed by Health Equity. Employer HSA contributions will be deposited within the first thirty (30) days from the plan effective date. Employer amounts are equal to 50% of the high deductible ($2,000 for family plans and $1,000 for individual plans).**

****All voluntary payroll deductions are taken on a bi-weekly basis (excluding the 3rd pay in a month).**