GATEWAY REGIONAL SCHOOL DISTRICT

HEALTH INSURANCE RATES - BENEFITS EFFECTIVE 10/1/25

(DEDUCTIONS BEGIN 9/05/25 PAYROLL)

	New Rate Per Month	Gateway Contribution Per Month	Employee Contribution Per Month	12 Month Employees Bi-Weekly Deduction	10 Month Employees Bi-Weekly Deduction	ADM,TEACHERS,CUS,SEC 12 MONTH EMPLOYEE *EMPLOYER PORTION BIWEEKLY 24 DEDUCTIONS*	AIDE,CAF,SEC 10 MONTH EMPLOYEE *EMPLOYER PORTION BIWEEKLY 20 DEDUCTIONS*
Blue Care Elect (BCBS-PPO)		**70%**	**30%**				
Single-with dental	$1,203.75	$842.63	$361.12	$180.56	$216.67	$421.32	$505.58
Family-with dental	$3,294.96	$2,306.47	$988.49	$494.24	$593.10	$1,153.24	$1,383.88
Single-without dental	$1,180.00	$826.00	$354.00	$177.00	$212.40	$413.00	$495.60
Family-without dental	$3,221.00	$2,254.70	$966.30	$483.15	$579.78	$1,127.35	$1,352.82
Network Blue New England (BCBS-HMO)		**75%**	**25%**				
Single	$1,007.00	$755.25	$251.75	$125.88	$151.05	$377.63	$453.15
Employee +1	$2,344.00	$1,758.00	$586.00	$293.00	$351.60	$879.00	$1,054.80
Family	$2,888.00	$2,166.00	$722.00	$361.00	$433.20	$1,083.00	$1,299.60
MEDEX	$416.00						