

Monomoy Regional School District
Active Employee Rates
July 1, 2026-June 30, 2027

HEALTH PLANS-Standard Low Deductible Health Plan			
	Individual	Single Parent Single Child	Family
Harvard Pilgrim PPO	1,270.00	2,537.00	3,358.00
MRSD Monthly Share @ 70%	889.00	1775.90	2350.60
Employee MonthlyShare @ 30%	381.00	761.10	1007.40
Bi-weekly Employee Cost	190.50	380.55	503.70
Bi-weekly Employer Cost	444.50	887.95	1175.30
Harvard Pilgrim HMO	1156.00	2313.00	3094.00
MRSD Share @ 70%	809.20	1619.10	2165.80
Employee Share @ 30%	346.80	693.90	928.20
Bi-weekly Employee Cost	173.40	346.95	464.10
Bi-weekly Employer Cost	404.60	809.55	1082.90
BCBS Network Blue	1176.00	2372.00	3156.00
MRSD Share @ 70%	823.20	1660.40	2209.20
Employee Share @ 30%	352.80	711.60	946.80
Bi-weekly Employee Cost	176.40	355.80	473.40
Bi-weekly Employer Cost	411.60	830.20	1104.60
BCBS Blue Care Elect PPO	1538.00	3080.00	3848.00
MRSD Share @ 70%	1076.60	2156.00	2693.60
Employee Share @ 30%	461.40	924.00	1154.40
Bi-weekly Employee Cost	230.70	462.00	577.20
Bi-weekly Employer Cost	538.30	1078.00	1346.80
HEALTH PLANS-HSAQ-Qualified High Deductible Health Plans			
	Individual	Single Parent Single Child	Family
Harvard Pilgrim HSAQ PPO	987.00	1,997.00	2,651.00
MRSD Monthly Share @ 70%	690.90	1397.90	1855.70
Employee MonthlyShare @ 30%	296.10	599.10	795.30
Bi-weekly Employee Cost	148.05	299.55	397.65
Bi-weekly Employer Cost	345.45	698.95	927.85
Harvard Pilgrim HSAQ HMO	895.00	1815.00	2408.00
MRSD Share @ 70%	626.50	1270.50	1685.60
Employee Share @ 30%	268.50	544.50	722.40
Bi-weekly Employee Cost	134.25	272.25	361.20
Bi-weekly Employer Cost	313.25	635.25	842.80
BCBS Network Blue-HMO Saver	966.00	1950.00	2591.00
MRSD Share @ 70%	676.20	1365.00	1813.70
Employee Share @ 30%	289.80	585.00	777.30
Bi-weekly Employee Cost	144.90	292.50	388.65
Bi-weekly Employer Cost	338.10	682.50	906.85
BCBS Blue Care Elect PPO-PPO Saver	1257.00	2525.00	3151.00
MRSD Share @ 70%	879.90	1767.50	2205.70
Employee Share @ 30%	377.10	757.50	945.30
Bi-weekly Employee Cost	188.55	378.75	472.65
Bi-weekly Employer Cost	439.95	883.75	1102.85

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		