

**WACHUSETT REGIONAL SCHOOL DISTRICT
1745 MAIN STREET
JEFFERSON, MA 01522**

**DENTAL RATES
JULY 1, 2024 - JUNE 30, 2025
BLUE CROSS BLUE SHIELD OF MASSACHUSETTS**

DENTAL BLUE PROGRAM 1 (Basic)		INDIVIDUAL	FAMILY
26 Pay Periods	100%		
Employee Cost Per Month		41.21	99.75
Employee Cost per Pay (7/5/24 - 6/20/25)		19.02	46.04
21 Pay Periods	100%		
Employee Cost Per Month		49.45	119.70
Employee Cost per Pay (5/24/24-5/9/25)		23.55	57.00
DENTAL BLUE PROGRAM 2 (Enhanced)		INDIVIDUAL	FAMILY
26 Pay Periods	100%		
Employee Cost Per Month		58.88	142.49
Employee Cost per Pay (7/5/24 - 6/20/25)		27.18	65.76
21 Pay Periods	100%		
Employee Cost Per Month		70.66	170.99
Employee Cost per Pay (5/24/24-5/9/25)		33.65	81.42

21 Pays - New July 1, 2025 rates will be deducted beginning with the 5/23/25 pay period

William Beando, Director of Human Resources
(508) 829-1670 Extension 224