

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

MONTHLY INSURANCE RATES: 7/1/24 - 6/30/25

HEALTH INSURANCE - RETIREE WITHOUT MEDICARE		Full Cost Premium Per Month	District Share Per Month	Retiree Cost Per Month	
HMO Blue New England Options	Individual	1,023.16	798.06	22%	225.10
	Family	2,711.37	2,114.87	22%	596.50
HMO Blue New England Enhanced Value	Individual	1,109.97	798.06	**	311.91
	Family	2,941.32	2,114.87	**	826.45
<i>** Cost difference between HMO Blue NE Options and HMO Blue NE Enhanced Value Plan</i>					
Access Blue New England Saver	Individual	923.10	720.02	22%	203.08
	Family	2,446.14	1,907.99	22%	538.15
Blue Care Elect PPO	Individual	1,156.48	578.24	50%	578.24
	Family	3,064.67	1,532.34	50%	1,532.34

HEALTH INSURANCE - RETIREE WITH MEDICARE		Full Cost Premium Per Month	District Share Per Month	Retiree Cost Per Month	
BCBS Medicare HMO Blue (HMO) <i>(Medicare Advantage Plan)</i>	Individual	398.48	310.81	22%	87.67
BCBS Managed Blue for Seniors & Blue MedicareRx(PDP) <i>(Medicare Supplement Plan)</i>	Individual	365.12	284.79	22%	80.33
BCBS Medex 2 & Blue MedicareRx (PDP) <i>(Medicare Supplement Plan)</i>	Individual	399.48	199.74	50%	199.74
<i>Medicare Advantage and Medicare Supplement benefits and rates are subject to federal approval and may change on January 1, 2025.</i>					

DENTAL INSURANCE		Retiree Cost Per Month (100%)	
BCBS Dental Blue Program 1 (low option) <i>\$500 Maximum Annual Benefit Per Member Per Calendar Year</i>	Individual	41.21	
	Family	99.75	
BCBS Dental Blue Program 2 (high option) <i>\$1500 Maximum Annual Benefit Per Member Per Calendar Year</i>	Individual	58.88	
	Family	142.49	

VISION PLAN - RETIREE WITHOUT MEDICARE		Retiree Cost Per Month (100%)	
BCBS Blue 20/20 Vision Plan	Individual	7.43	
	Individual + Spouse	12.63	
	Individual + Child(ren)	13.01	
	Family	20.44	

Rate and Benefit Questions - Please Contact:
Gerry Conley, Administrative Assistant/Benefits
(508) 829-1670 extension 231 ~ gerry_conley@wrsd.net