



Acton-Boxborough Regional School District
FY24 Health Care Premiums
7/1/23 - 6/30/24

10 Month Employees (School Year)

Your deductions will be taken over 20 pay periods. Please see the School Year Pay Dates and Deductions sheet for more information. The deduction rate will change for the last 3 pay periods of FY2023 to adjust for new health rates which will start in July.

12 Month Employees

Your deductions will be the first two pay periods of every month. Rate changes take effect in July. Premiums will change in June to reflect the new rate.

Retirees

Retirees pay 50% of health insurance cost for all plans.

	Total Plan Cost FY24	Employee Contribution	Monthly Cost Employee	10 month Employee per Pay Period	12 month Employee per Pay Period	Retirees Under 65 Monthly
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Blue Care Elect PPO

Individual	\$21,494.80	50%	\$895.62	\$526.83	\$447.81	\$895.62
Family	\$51,909.98	50%	\$2,162.92	\$1,272.30	\$1,081.46	\$2,162.92

HMO - BCBS Access Blue & HPHC Best Buy High Deductible Plan with HSA 1500/3000

Individual	\$10,500.32	25%	\$218.76	\$128.68	\$109.38	N/A
Family	\$25,358.32	25%	\$528.30	\$310.76	\$264.15	N/A

HMO -BCBS Network Blue & Harvard Pilgrim Health Care 250/750

Individual	\$12,353.34	25%	\$257.36	\$151.39	\$128.68	\$514.72
Family	\$29,833.28	25%	\$621.53	\$365.60	\$310.76	\$1,243.05

Altus Dental Plans

High Plan

Individual	\$744.36	100%	\$62.03	\$36.49	\$31.02	N/A
Family	\$1,907.89	100%	\$158.99	\$93.52	\$79.50	N/A

Low Plan

Individual	\$593.53	100%	\$49.46	\$29.09	\$24.73	N/A
Family	\$1,454.15	100%	\$121.18	\$71.28	\$60.59	N/A

EyeMed Vision Plan

Individual	\$88.08	100%	\$7.34	\$4.32	\$3.67	N/A
Family	\$259.20	100%	\$21.60	\$12.71	\$10.80	N/A

Age 65 & Over Retirees: Plan Year 1/1/2023 - 12/31/2023

	Retiree Contribution	Retiree Monthly Cost
Medex II/Medicare Rx	50%	\$179.50
Tufts Medicare Preferred	50%	\$188.50