SOUTHWICK-TOLLAND-GRANVILLE REGIONAL SCHOOL DISTRICT

Tolland Cramille

86 Powder Mill Road, Southwick, MA 01077 Phone (413) 569-5391 FAX (413) 569-1711

www.stgrsd.org

Jennifer C. Willard Superintendent of Schools

Jenny L. Sullivan Assistant Superintendent of Curriculum and Instruction Joseph P. Turmel Director of Finance and Operations

Robin L. Gunn Director of Student Services

MIIA HEALTH BENEFITS TRUST

Southwick Tolland Granville Regional School District Renewal Proposal 07/01/2024 - 06/30/2025

https://www.stgrsd.org/departments/human resources/employee benefits

| Plan | Deductible/Out of Pocket | Monthly Rate | 26-Pay Period Deduction | |
|----------------------------------|-----------------------------|--------------|----------------------------|--|
| Access Blue Saver | - HDHP | | | |
| Individual | \$2,000/\$3,000 | \$339.83 | \$156.84 | |
| Family | \$4,000/\$6,000 | \$909.28 | \$419.67 | |
| Network Blue NE Deductible - HMO | | | | |
| Individual | \$250/\$2,000 | \$399.79 | \$184.52 | |
| Family | \$750/\$4,000 | \$1,069.74 | \$493.72 | |
| Network Blue NE Value Plus - HMO | | | | |
| Individual | \$0.00/\$2,000 | \$435.95 | \$201.21 | |
| Family | \$0.00/\$4,000 | \$1,169.36 | \$539.70 | |
| Blue Care Elect Ded | uctible – PPO | | | |
| Individual | \$250-\$450/\$2,000-\$3,000 | \$475.52 | \$219.47 | |
| Family | \$750-\$800/\$4,000 | \$1,274.42 | \$588.20 | |

HMO plans typically have lower monthly premiums. You can also expect to pay less out of pocket. PPOs tend to have higher monthly premiums in exchange for the flexibility to use providers both in and out of network without a referral. Out-of-pocket medical costs can also run higher with a PPO plan.

A deductible is the amount of money you need to pay before your insurance begins to pay according to the terms of your policy. An out-of-pocket maximum refers to the cap, or limit, on the amount of money you have to pay for covered services per plan year before your insurance covers 100% of the cost of services.

| Medex 2 Medicare Supplemen | t | | | |
|--------------------------------------|----------|---------|--|--|
| Individual Only (Jan 1 - Dec. 30) | \$176.70 | | | |
| Dental Blue Freedom | | | | |
| Individual | \$13.86 | \$6.40 | | |
| Family | \$43.51 | \$20.08 | | |
| | | | | |
| Blue 20/20 Vision Insurance | | | | |
| Employee | \$4.91 | \$2.27 | | |
| Employee + Spouse | \$8.35 | \$3.85 | | |
| Employee + Children | \$8.60 | \$3.97 | | |
| Family | \$13.52 | \$6.24 | | |
| | | | | |
| Dearborn Group Life Insurance | | | | |
| Active employees | \$2.08 | \$0.96 | | |
| \$10,000 death ben | efit | | | |
| Retirees | | | | |
| | | | | |

Monthly Rate

26-Pay Period Deduction

Plan

Find the Summary of Benefits documents for health and dental plans on our District Website: https://www.stgrsd.org/departments/human_resources/employee_benefits

\$2,000 death benefit \$0.38