

1/17/2014

NOTE: 2013 rates for SC have the Premium Holiday factored in. Rates for HT do not.

New Hampshire Teachers & Educational Support Personnel (ESP)

MEDICAL INSURANCE BENEFITS

Rates as of July 1, 2013, rounded to the nearest dollar. District contribution shown for "full time" employees.

(MC=Managed Care; C=Comprehensive Plan; HMO=Health Maintenance Organization; POS=Point of Service; POS+OA=Point of Service, Open Access; OAP+= Open Access Plus; PPO=Preferred Provider Organization n/a= Plan has changed from last year or information not available from previous year.

Region\SAU\Alpha Sort	Plan Code HT, SC, IL, O	SAU #	Local Name	Medical Plan(s)	Type	Did Not Report	Rate Change over 2012	Total Monthly Premium (rounded to the nearest dollar)			Sch District Contribution % or % of Premium Cost			Monthly Employer Contribution Dollars			Monthly Employee Contribution Dollars			IRS/IRC Sec 125	Reimburse No Med Ins	Retiree Ins Paid	Marrieds Full Ins Pd	Dom. Partner Coverage	Comments:		
								Single	2-Person	Family	Single	2-Person	Family	Single	2-Person	Family	Single	2-Person	Family								
Region\SAU\Alpha Sort								Single	2-Person	Family	Single	2-Person	Family	Single	2-Person	Family											
SoC-15-Auburn-P1	SC	15	Auburn EA	SchoolCare	HMO		5.4%	\$725	\$1,450	\$1,958	90%	85%	85%	\$653	\$1,233	\$1,664	\$73	\$218	\$294								
SoC-15-Auburn-P2	SC	15	Auburn EA	School Care	POS		5.3%	\$812	\$1,624	\$2,193	90%	80%	80%	\$731	\$1,299	\$1,754	\$81	\$325	\$439								
SoC-15-Auburn-P3	SC	15	Auburn EA	School Care	OA+		5.3%	\$671	\$1,341	\$1,811	90%	85%	85%	\$604	\$1,140	\$1,539	\$67	\$201	\$272								
SoC-15-Candia-P1	SC	15	Candia EA	SchoolCare	HMO		5.4%	\$725	\$1,450	\$1,958	94%	89%	89%	\$682	\$1,291	\$1,743	\$44	\$160	\$215		**			Y			
SoC-15-Candia-P2	SC	15	Candia EA	School Care	POS		5.3%	\$812	\$1,624	\$2,193	89%	79%	79%	\$723	\$1,283	\$1,732	\$89	\$341	\$461								
SoC-15-Candia-P3	SC	15	Candia EA	School Care	OA+		5.3%	\$671	\$1,341	\$1,811	94%	89%	89%	\$631	\$1,193	\$1,612	\$40	\$149	\$199							**50% of single premium or \$1,000, whichever is greater.	
SoC-10-Derry-P1	HT	10	Derry EA	BlueChoice3T w/o riders	POS		1.9%	\$869	\$1,738	\$2,346	80%	80%	80%	\$695	\$1,390	\$1,877	\$174	\$348	\$469		Y	\$1,000					
SoC-10-Derry-P2	HT	10	Derry EA	BlueChoice 3T w/ riders	POS		3.3%	\$875	\$1,749	\$2,362	80%	80%	80%	\$700	\$1,399	\$1,890	\$175	\$350	\$472								
SoC-10-Derry-P3	HT	10	Derry EA	BC3T15 DED	POS		6.5%	\$815	\$1,630	\$2,200	80%	80%	80%	\$652	\$1,304	\$1,760	\$163	\$326	\$440								
SoC-10-Derry-P4	HT	10	Derry EA	BlueChoice New Eng.	POS		0.5%	\$881	\$1,763	\$2,380	80%	80%	80%	\$705	\$1,410	\$1,904	\$176	\$353	\$476								
SoC-10-Derry-P5	HT	10	Derry EA	Matthew Thornton Blue	HMO		4.8%	\$791	\$1,581	\$2,135	80%	80%	80%	\$633	\$1,265	\$1,708	\$158	\$316	\$427								
SoC-15-Hookssett ESP-P1	SC	15	Hookssett ESP	SchoolCare	HMO		5.4%	\$725	\$1,450	\$1,958	85%	85%	85%	\$616	\$1,233	\$1,664	\$109	\$218	\$294							Change to SchoolCare	
SoC-15-Hookssett ESP-P2	SC	15	Hookssett ESP	School Care	POS		5.3%	\$812	\$1,624	\$2,193	85%	85%	85%	\$690	\$1,380	\$1,864	\$122	\$244	\$329								
SoC-15-Hookssett ESP-P3	SC	15	Hookssett ESP	School Care	OA+		5.3%	\$671	\$1,341	\$1,811	85%	85%	85%	\$570	\$1,140	\$1,539	\$101	\$201	\$272								
SoC-15-Hookssett-P1	SC	15	Hookssett EA	SchoolCare	HMO		5.4%	\$725	\$1,450	\$1,958	93%	83%	83%	\$674	\$1,204	\$1,625	\$51	\$247	\$333	Y	\$1,500			Y		Change to SchoolCare	
SoC-15-Hookssett-P2	SC	15	Hookssett EA	School Care	POS		5.3%	\$812	\$1,624	\$2,193	90%	80%	80%	\$731	\$1,299	\$1,754	\$81	\$325	\$439								
SoC-15-Hookssett-P3	SC	15	Hookssett EA	SchoolCare	OA+		5.3%	\$671	\$1,341	\$1,811	93%	83%	83%	\$626	\$1,113	\$1,503	\$47	\$228	\$308								
SoC-12-Londonderry-P1	SC	12	Londonderry EA	SchoolCare	HMO		2.7%	\$725	\$1,450	\$1,958	80%	80%	80%	\$650	\$1,299	\$1,754	\$75	\$151	\$204						Y	\$500	Y
SoC-12-Londonderry-P2	SC	12	Londonderry EA	School Care	POS-OA		2.7%	\$812	\$1,624	\$2,193	80%	80%	80%	\$620	\$1,299	\$1,754	\$162	\$325	\$439								* District pays 80% of the value of POS plan towards other plans
SoC-12-Londonderry-P3	SC	12	Londonderry EA	School Care	OA+		1.0%	\$671	\$1,341	\$1,811	-	-	-	\$650	\$1,299	\$1,754	\$21	\$42	\$57								
SoC-37-Manchester ESP-P1	O	37	Manchester ESPA	Access Blue	OA	-100.0%					\$806	\$1,571	\$2,107									Y	Y*			District self-insures. Lumenos new for 2010. \$1500	
SoC-37-Manchester ESP-P2	O	37	Manchester ESPA	BlueChoice	POS	-100.0%					\$799	\$1,501	\$2,095														
SoC-37-Manchester ESP-P3	O	37	Manchester ESPA	PPO High Deductible	PPO	-100.0%					\$564	\$1,100	\$1,475														
SoC-37-Manchester ESP-P4	O	37	Manchester ESPA	Lumenos	HDHP	-100.0%					\$678	\$1,330	\$1,703														
SoC-37-Manchester-P1	O	37	Manchester EA	Access Blue	HMO	-100.0%					\$806	\$1,571	\$2,107									Y				District self-insures. Lumenos new for 2010.	
SoC-37-Manchester-P2	O	37	Manchester EA	BlueChoice	POS	-100.0%					\$799	\$1,501	\$2,095														
SoC-37-Manchester-P3	O	37	Manchester EA	PPO High Deductible	PPO	-100.0%					\$564	\$1,100	\$1,475														
SoC-37-Manchester-P4	O	37	Manchester EA	Lumenos	HDHP	-100.0%					\$678	\$1,330	\$1,703														
CAP-08-Concord (CEAA)-P1	SC	8	Concord EAA	SchoolCare	POS-OA		0.0%	\$798	\$1,595	\$2,154	85%	**	**	\$678	\$678	\$678	\$120	\$917	\$1,476	Y	**					Sept. 1, 2002. **District pays dollar equivalent of its contribution for single coverage toward a two-person or family plan.	
CAP-08-Concord (CEAA)-P2	SC	8	Concord EAA	School Care	HMO		0.0%	\$725	\$1,450	\$1,958	85%	**	**	\$616	\$616	\$616	\$109	\$834	\$1,342								
CAP-08-Concord (CEAA)-P3	SC	8	Concord EAA	School Care	OA+		-0.6%	\$667	\$1,334	\$1,801	95%	**	**	\$634	\$634	\$634	\$33	\$190	\$1167							**Retiree Insurance=30% of single plan, age 55-65.	
CAP-08-Concord (CEOPA)-P1	SC	8	Concord EOPA	School Care	POS-OA		0.0%	\$798	\$1,595	\$2,154	**	**	**	\$638	\$1,276	\$1,723	\$160	\$319	\$431	Y	**	Y	Y		**\$700 single; \$1,000 2-person; \$1,400 family. *Same dollar amount as HMO		
CAP-08-Concord (CEOPA)-P2	SC	8	Concord EOPA	School Care	HMO		0.0%	\$725	\$1,450	\$1,958	88%	88%	88%	\$638	\$1,276	\$1,723	\$87	\$174	\$235							**65% of single or two-person coverage to age 65.	
CAP-08-Concord (CEOPA)-P3	SC	8	Concord EOPA	School Care	OA+		-0.6%	\$667	\$1,334	\$1,801	95%	95%	95%	\$634	\$1,267	\$1,711	\$33	\$67	\$90								
CAP-08-Concord-P1	SC	8	Concord EA	School Care	POS		0.0%	\$798	\$1,595	\$2,154	-	-	-	\$631	\$1,262	\$1,703	\$67	\$334	\$451							**District will contribute amount of HMO towards POS	
CAP-08-Concord-P2	SC	8	Concord EA	School Care	HMO		0.0%	\$725	\$1,450	\$1,958	87%	87%	87%	\$631	\$1,262	\$1,703	\$94	\$189	\$255							**65% of single or two-person coverage to age 65. No contribution to OA+.	
CAP-08-Concord-P3	SC	8	Concord EA	School Care	OA+		-0.6%	\$667	\$1,334	\$1,801	95%	95%	95%	\$634	\$1,267	\$1,711	\$33	\$67	\$90								
CAP-67-Bow ESP-P1	HT	67	Bow ESS	Matthew Thornton Blue	HMO		11.0%	\$706	\$1,411	\$1,905	\$635	\$706	\$635	\$635	\$706	\$635	\$71	\$705	\$1,270	Y	**25%					**25% of district contribution.	
CAP-67-Bow ESP-P2	HT	67	Bow ESS	BlueChoice	POS		9.4%	\$781	\$1,561	\$2,108	\$635	\$706	\$635	\$635	\$706	\$635	\$146	\$855	\$1,473							**District pays dollar equivalent of its contribution for the POS toward the HMO. ***District pays dollar	
CAP-67-Bow-P1	HT	67	Bow EA	Matthew Thornton Blue	HMO		11.0%	\$706	\$1,411	\$1,905	**	**	**	\$694	\$1,234	\$1,665	\$12	\$177	\$240	Y	***25%	***	Y	Y	Y	**District pays dollar equivalent of its contribution for the POS toward the HMO. ***District pays dollar	
CAP-67-Bow-P2	HT	67	Bow EA	BlueChoice	POS		10.0%	\$771	\$1,542	\$2,081	90%	80%	80%	\$694	\$1,234	\$1,665	\$77	\$308	\$416							District will pay up to 72% of the BlueChoice premium toward other plans.	
CAP-19-Dunbarton-P1	HT	19	Dunbarton EA	BlueChoice	POS		-0.2%	\$853	\$1,706	\$2,300	72%	**	**	\$614	\$1,228	\$1,656	\$239	\$478	\$644	Y						**District will pay up to 72% of the BlueChoice premium toward other plans.	
CAP-19-Dunbarton-P2	HT	19	Dunbarton EA	BlueChoice (2-tier)	POS		0.2%	\$915	\$1,830	\$2,200	-	-	-	\$614	\$1,228	\$1,656	\$201	\$402	\$544								
CAP-19-Dunbarton-P3	HT	19	Dunbarton EA	Matthew Thornton Blue	HMO		1.2%	\$771	\$1,542	\$2,082	-	-	-	\$614	\$1,228	\$1,656	\$157	\$314	\$426								
CAP-24-Henniker-P1	HT	24	Henniker TA	Anthem Blue Cross	C 100-MC		12.7%	\$1,003	\$2,006	\$2,708	85%	85%	85%	\$953	\$1,705	\$2,302	\$150	\$301	\$406	Y	Y*			Y		**District pays \$1000 single; \$2000 two person; \$3,000 family.	
CAP-24-Henniker-P2	HT	24	Henniker TA	BlueChoice	POS		11.6%	\$829	\$1,659	\$2,239	85%	85%	85%	\$705	\$1,410	\$1,903	\$124	\$249	\$336								
CAP-24-Henniker-P3	HT	24	Henniker TA	Matthew Thornton Blue	HMO		12.8%	\$759	\$1,519	\$2,050	85%	85%	85%	\$645	\$1,291	\$1,743	\$114	\$228	\$308								
CAP-24-Henniker-P4	HT	24	Henniker TA	Lumenos HD \$2500	CDHP		13.2%	\$556	\$1,112	\$1,501	85%	85%	85%	\$473	\$945	\$1,276	\$83	\$167	\$225								
CAP-24-John Stark Regional E	HT	24	John Stark SPA	Lumenos	CDHP		13.2%	\$556	\$1,112	\$1,501	100%	100%	100%	\$556	\$1,112	\$1,501	\$0	\$0	\$0	Y	Y*	Y	Y	Y		**Maximum dollar amount per year paid by the district for health insurance for certain full time support staff.	
CAP-24-John Stark Regional E	HT	24	John Stark SPA	BlueChoice	POS		11.6%	\$829	\$1,659	\$2,239	-	-	-	\$759	\$1,139	\$1,640	\$70	\$520	\$599							**Up to \$5,580 cash back for any unused funds.	
CAP-24-John Stark Regional E	HT	24	John Stark SPA	Matthew Thornton Blue	HMO		12.8%	\$759	\$1,519	\$2,050	100%	75%	80%	\$759	\$1,139	\$1,640											

1/17/2014

NOTE! 2013 rates for SC have the Premium Holiday factored in. Rates for HT do not.

New Hampshire Teachers & Educational Support Personnel (ESP)

MEDICAL INSURANCE BENEFITS

Rates as of July 1, 2013, rounded to the nearest dollar. District contribution shown for "full time" employees.

(MC=Managed Care; C=Comprehensive Plan; HMO=Health Maintenance Organization; POS=Point of Service; POS-OA=Point of Service, Open Access; OAP+ = Open Access Plus; PPO=Preferred Provider Organization n/a= Plan has changed from last year or information not available from previous year.

Table with columns: Region, SAU, Alpha Sort, Plan Code, HT, SC, IL, O, SAU #, Local Name, Medical Plan(s), Type, Did Not Report, Rate Change over 2012, Total Monthly Premium (Single, 2-Person, Family), Sch District Contribution (% of Premium Cost), Monthly Employer Contribution (Dollars), Monthly Employee Contribution (Dollars), IRS/IRC Sec 125, Reimburse No Med Ins, Retiree Ins Paid, Marrieds Full Ins Pd, Dom. Partner Coverage, Comments.

1/17/2014

NOTE! 2013 rates for SC have the Premium Holiday factored in. Rates for HT do not.

New Hampshire Teachers & Educational Support Personnel (ESP)

MEDICAL INSURANCE BENEFITS

Rates as of July 1, 2013, rounded to the nearest dollar. District contribution shown for "full time" employees.

(MC=Managed Care; C=Comprehensive Plan; HMO=Health Maintenance Organization; POS=Point of Service; POS-0A=Point of Service, Open Access; OAP+ = Open Access Plus; PPO=Preferred Provider Organization n/a= Plan has changed from last year or information not available from previous year.

Table with columns: Region, SAU/Alpha Sort, Plan Code, HT, SAU #, Local Name, Medical Plan(s), Type, Did Not Report, Rate Change over 2012, Total Monthly Premium (rounded to the nearest dollar), Sch District Contribution % or \$ of Premium Cost, Monthly Employer Contribution Dollars, Monthly Employee Contribution Dollars, IRS/IRC Sec 125, Reimburse No Med Ins, Retiree Ins Paid, Marrieds Full Ins Pd, Dom. Partner Coverage, Comments.

1/17/2014

NOTE: 2013 rates for SC have the Premium Holiday factored in. Rates for HT do not.

New Hampshire Teachers & Educational Support Personnel (ESP)

MEDICAL INSURANCE BENEFITS

Rates as of July 1, 2013, rounded to the nearest dollar. District contribution shown for "full time" employees.

(MC=Managed Care; C=Comprehensive Plan; HMO=Health Maintenance Organization; POS=Point of Service; POS-OA=Point of Service, Open Access; OAP+ = Open Access Plus; PPO=Preferred Provider Organization n/a= Plan has changed from last year or information not available from previous year.

LGC Health Trust
SchoolCare
Inter Local Trust
Other

Region\SAU\Alpha Sort	Plan Code HT, SC, IL, O	SAU #	Local Name	Medical Plan(s)	Type	Did Not Report	Rate Change over 2012	Total Monthly Premium (rounded to the nearest dollar)			Sch District Contribution % or % of Premium Cost			Monthly Employer Contribution Dollars			Monthly Employee Contribution Dollars			IRS/IRC Sec 125	Reimburse No Med Ins	Retiree Ins Paid	Marrieds Full Ins Pd	Dom. Partner Coverage	Comments:		
								Single	2-Person	Family	Single	2-Person	Family	Single	2-Person	Family	Single	2-Person	Family								
Region\SAU\Alpha Sort								Single	2-Person	Family	Single	2-Person	Family	Single	2-Person	Family											
NC-23-Bath-P2	SC	23		SchoolCare	POS-OA		1.6%	\$742	\$1,483	\$2,002																	
NC-03-Berlin-SS-P1	IL	3	Berlin ESS	Harvard Pilgrim HMO	HMO		5.0%	\$918	\$1,837	\$2,481	80%	80%	80%	\$734	\$1,470	\$1,985	\$184	\$367	\$496	Y	\$2,000					family coverage for the HMO and all level of coverages for the POS-OA.	
NC-03-Berlin-SS-P2	IL	3	Berlin ESS	Harvard Pilgrim S5	POS		4.9%	\$962	\$1,927	\$2,602	-	-	-	\$734	\$1,470	\$1,985	\$228	\$457	\$617							District pays dollar equivalent of its contribution to the HMO plan toward the POS plan.	
NC-03-Berlin-P1	IL	3	Berlin EA	Harvard Pilgrim	IMO High Option		-17.8%	\$718	\$1,438	\$1,942	80%	80%	80%	\$575	\$1,150	\$1,554	\$144	\$288	\$388	Y	\$2,000					District pays dollar equivalent of its contribution to the HMO plan toward PO	
NC-03-Berlin-P2	IL	3	Berlin EA	Harvard Pilgrim	Super High		-4.8%	\$873	\$1,747	\$2,359	-	-	-	\$575	\$1,150	\$1,554	\$298	\$597	\$805							Copy to \$20.	
NC-07-Colebrook-P1	HT	7	Colebrook EA	MTB 3/15	HMO		6.2%	\$685	\$1,370	\$1,849	89%	89%	89%	\$606	\$1,219	\$1,646	\$79	\$151	\$203	Y						District pays same amount of HMO towards the POS	
NC-07-Pittsburg-P1	HT	7	Pittsburg EA	BlueChoice	POS		5.2%	\$787	\$1,574	\$2,125	-	-	-	\$596	\$1,192	\$1,609	\$191	\$382	\$516	Y	\$2,000					District pays same amount of HMO towards the POS	
NC-Pittsburg-P2	HT	7	Pittsburg EA	MTB 20	HMO		6.2%	\$685	\$1,370	\$1,849	87%	87%	87%	\$596	\$1,192	\$1,609	\$89	\$178	\$240							District pays 80% of HMO amount toward other plans.	
NC-09-Bartlett-P1	HT	9	Bartlett EA	MTB 10/20/30	HMO		3.8%	\$762	\$1,524	\$2,058	80%	80%	80%	\$610	\$1,219	\$1,646	\$152	\$305	\$412	Y						District pays 80% of HMO amount toward other plans.	
NC-09-Bartlett-P2	HT	9	Bartlett EA	BlueChoice 2 tier 10/20/30	POS		2.7%	\$824	\$1,649	\$2,226	-	-	-	\$610	\$1,219	\$1,646	\$214	\$430	\$580								
NC-09-Bartlett-P3	HT	9	Bartlett EA	BlueChoice 3 tier 10/20/30	POS		2.8%	\$833	\$1,665	\$2,248	-	-	-	\$610	\$1,219	\$1,646	\$223	\$446	\$602								
NC-09-Conway-ESP-P1	IL	9	Conway ESPA	Harvard Pilgrim	HMO		8.7%	\$785	\$1,569	\$2,118	80%	80%	80%	\$628	\$1,255	\$1,694	\$157	\$314	\$424	Y	**Y	***Y				District pays 80% of HMO amount toward other plans. **50% of single HMO premium. ***80% of HMO single premium to age 65.	
NC-09-Conway-ESP-P2	IL	9	Conway ESPA	Harvard Pilgrim	POS		8.8%	\$980	\$1,959	\$2,645	-	-	-	\$628	\$1,255	\$1,694	\$352	\$704	\$951							District pays 80% of HMO premium toward other plans.	
NC-09-Conway-P1	IL	9	Conway EA	Harvard Pilgrim	HMO		8.7%	\$785	\$1,569	\$2,118	80%	80%	80%	\$628	\$1,277	\$1,694	\$157	\$319	\$424	Y	**Y	***Y				**50% of single HMO premium. ***80% of single premium to age 65.	
NC-09-Conway-P2	IL	9	Conway EA	Harvard Pilgrim	POS		8.8%	\$980	\$1,959	\$2,645	-	-	-	\$628	\$1,277	\$1,694	\$352	\$682	\$951								
NC-20-Gorham-ESP-P1	IL	20	Gorham SS	Harvard Pilgrim \$15 \$1000 /\$3000 D	HMO		-7.2%	\$657	\$1,315	\$1,775	80%	80%	80%	\$526	\$1,052	\$1,420	\$131	\$263	\$355	Y	\$1,500					District pays \$2,500 per year for three years up to age 65.	
NC-20-Gorham-P1	IL	20	Gorham TA	Harvard Pilgrim	HMO		-13.3%	\$657	\$1,315	\$1,775	80%	80%	80%	\$526	\$1,052	\$1,420	\$131	\$263	\$355	Y	\$2,250	**Y				Copy changed to \$20	
NC-35-Bethlehem-P1	HT	35	Bethlehem EA	Matthew Thornton Blue 20	HMO		-1.2%	\$684	\$1,367	\$1,846	80%	80%	80%	\$547	\$1,094	\$1,477	\$137	\$273	\$369								
NC-35-Bethlehem-P2	HT	35	Bethlehem ESP	Matthew Thornton Blue 20	HMO		-14.7%	\$684	\$1,367	\$1,846	90%	90%	90%	\$616	\$1,230	\$1,661	\$68	\$137	\$185	Y							District pays dollar equivalent of its contribution toward the HMO for the POS-OA plan.
NC-23-Haverhill Paras/ESP-P1	SC	23	Haverhill Paras/ESP	SchoolCare	HMO		2.3%	\$667	\$1,333	\$1,800	90%	80%	60%	\$600	\$1,066	\$1,080	\$67	\$267	\$720		\$1,500					District pays dollar equivalent of its contribution toward the HMO for the POS-OA plan.	
NC-23-Haverhill Paras/ESP-P2	SC	23	Haverhill Paras/ESP	SchoolCare	POS-OA		2.3%	\$747	\$1,493	\$2,016	-	-	-	\$600	\$1,066	\$1,080	\$147	\$427	\$936								
NC-23-Haverhill-P1	HT	23	Haverhill	BlueChoice	POS	X	-100.0%														Y					District pays dollar equivalent of its BlueChoice (2-tier) contribution toward other BlueChoice plan.	
NC-23-Haverhill-P2	HT	23	Haverhill	BlueChoice (2 tier)	POS	X	-100.0%				82.5%	82.5%	82.5%													District pays dollar equivalent of its BlueChoice (2-tier) contribution toward other BlueChoice plan.	
NC-35-Littleton Paras/ESP-P2	HT	35	Littleton SS	HMO			-4.7%	\$734	\$1,469	\$1,982	83%	83%	83%	\$609	\$1,219	\$1,645	\$125	\$250	\$337								
NC-35-Littleton-P1	HT	35	Littleton TA	BlueChoice	POS		-7.3%	\$844	\$1,687	\$2,278	-	-	-	\$595	\$1,190	\$1,605	\$249	\$497	\$673	Y	\$1,000				Y	District pays 81% of HMO toward the POS	
NC-35-Littleton-P2	HT	35	Littleton TA	HMO			-9.4%	\$734	\$1,469	\$1,982	81%	81%	81%	\$595	\$1,190	\$1,605	\$139	\$279	\$377			**Y				District pays \$2,000 per year until age 65.	
NC-77-Monroe-ESP-P1	HT	77	Monroe ESP	BlueChoice (2-tier)	POS	X	-100.0%				80%	80%	80%								Y		\$1,250			Board will pay \$1,250 to a tax sheltered annuity for teachers not electing health insurance.	
NC-77-Monroe-P1	HT	77	Monroe TA	BlueChoice (2-tier)	POS	X	-100.0%				85%	85%	85%													District pays dollar equivalent of 100% HMO, plus \$2,700 per year for 2-person or family coverage for the HMO. For POS-OA district pays 100% of single HMO premium, plus \$2,700 per year for 2-person or family cov	
NC-23-Piermont-P1	SC	23	Piermont	SchoolCare	HMO		2.8%	\$670	\$1,340	\$1,809	100%	-	-	\$670	\$670	\$670	\$0	\$670	\$1,139	Y	\$1,300					District pays dollar equivalent of 100% HMO, plus \$2,700 per year for 2-person or family coverage for the HMO. For POS-OA district pays 100% of single HMO premium, plus \$2,700 per year for 2-person or family cov	
NC-23-Piermont-P2	SC	23	Piermont	SchoolCare	POS-OA		2.9%	\$751	\$1,501	\$2,027	-	-	-	\$670	\$670	\$670	\$81	\$831	\$1,357	Y						District pays dollar equivalent of single HMO / POS premium.	
NC-35-Profile-P1	HT	35	Profile EA	MTB 15 Ded	HMO		1.1%	\$668	\$1,336	\$1,804	80%	80%	80%	\$534	\$1,069	\$1,443	\$134	\$267	\$361	Y		**Y				District pays \$2,000 per year until age 65. New Plan has \$500 deductible.	
NC-36-White Mountains-ESP-F	SC	36	White Mtns. SS	SchoolCare	HMO		-3.2%	\$768	\$1,535	\$2,073	85%	85%	85%	\$653	\$1,305	\$1,762	\$115	\$230	\$311	Y		**Y				30% of HMO single premium.	
NC-36-White Mountains-ESP-F	SC	36	White Mtns. SS	SchoolCare	POS-OA		-3.2%	\$860	\$1,719	\$2,321	85%	85%	85%	\$731	\$1,461	\$1,973	\$129	\$258	\$348								
NC-36-White Mountains-ESP-F	SC	36	White Mtns. SS	SchoolCare	OA+		-3.3%	\$710	\$1,420	\$1,917	85%	85%	85%	\$604	\$1,207	\$1,629	\$107	\$213	\$288								
NC-36-White Mountains-P1	SC	36	White Mtns. EA	SchoolCare	HMO		1.3%	\$633	\$1,265	\$1,707	90%	90%	90%	\$570	\$1,139	\$1,536	\$63	\$127	\$171	Y		\$2,000					
NC-36-White Mountains-P2	SC	36	White Mtns. EA	SchoolCare	POS-OA		1.3%	\$709	\$1,417	\$1,913	90%	90%	90%	\$638	\$1,275	\$1,722	\$71	\$142	\$191								
NC-36-White Mountains-P3	SC	36	White Mtns. EA	SchoolCare	OA+		1.2%	\$585	\$1,170	\$1,580	90%	90%	90%	\$527	\$1,053	\$1,422	\$59	\$117	\$158								
NC-58-Groveton-ESP-P1	HT	58	Groveton SSA	Matthew Thornton	HMO		3.7%	\$564	\$1,128	\$1,522	100%	100%	100%	\$564	\$1,128	\$1,522	\$0	\$0	\$0	Y	\$1,000						District pays up to \$7500, \$15,000, \$20,000
NC-58-Groveton-ESP-P2	HT	58	Groveton SSA	Matthew Thornton	HMO		-10.5%	\$564	\$1,128	\$1,522	100%	100%	100%	\$564	\$1,128	\$1,522	\$0	\$0	\$0	**Y	**Y					\$1,000 **\$4,500 for a single or two person plan; \$5,000 for a family plan; 100%= District pays up to \$7500, \$15,000, \$20,000	
NC-58-Groveton-P1	HT	58	Groveton TA	Matthew Thornton	HMO		-10.5%	\$564	\$1,128	\$1,522	100%	100%	100%	\$564	\$1,128	\$1,522	\$0	\$0	\$0	**Y	**Y					#HMO is a new plan with \$1000 deductible. District pays full of deductible	
NC-58-Stratford-P1	HT	58	Stratford TA	MTB 15 Ded \$1000 /\$3000	HMO		3.7%	\$564	\$1,128	\$1,522	100%**	100%**	100%**	\$564	\$1,128	\$1,522	\$0	\$0	\$0	Y	\$3000*						New plan with new carrier. *\$6000 two pers. \$8000 family. **Cap of \$7500, \$15k, \$21k
NC-68-Lincoln-Woodstock-P1	SC	68	Lin-Wood EA	SchoolCare	HMO		6.7%	\$667	\$1,334	\$1,801	84%	84%	84%	\$560	\$1,121	\$1,513	\$107	\$213	\$288	Y	\$2,500						
NC-68-Lincoln-Woodstock-P2	SC	68	Lin-Wood EA	SchoolCare	POS		6.7%	\$747	\$1,494	\$2,017	-	-	-	\$560	\$1,121	\$1,513	\$187	\$373	\$504								
NC-68-Lincoln-Woodstock-P3	SC	68	Lin-Wood EA	SchoolCare	OA+		6.7%	\$617	\$1,234	\$1,666	-	-	-	\$560	\$1,121	\$1,513	\$57	\$113	\$153								
NC-23-Warren-P1	SC	23	Warren	SchoolCare	HMO		0.6%	\$656	\$1,311	\$1,770	100%	-	-	\$656													District pays 100% of single HMO, plus 80% of the difference between single and 2-person coverage; and 80% of difference between single and family coverage
NC-23-Warren-P2	SC	23	Warren	SchoolCare	POS-OA		0.5%	\$734	\$1,468	\$1,982	-	-	-	\$656													
SEA-16-Brentwood-P1	HT	16	Brentwood TA	BlueChoice (2-tier)	POS		12.8%	\$840	\$1,680	\$2,268	95%	85%	75%	\$798	\$1,428	\$1,701	\$42	\$252	\$567	Y	\$1,600						
SEA-16-Brentwood-P2	HT	16	Brentwood TA	Matthew Thornton Blue	HMO		13.8%	\$776	\$1,553	\$2,097	100%	95%	80%	\$77													

1/17/2014

NOTE! 2013 rates for SC have the Premium Holiday factored in. Rates for HT do not.

New Hampshire Teachers & Educational Support Personnel (ESP)

MEDICAL INSURANCE BENEFITS

Rates as of July 1, 2013, rounded to the nearest dollar. District contribution shown for "full time" employees.

(MC=Managed Care; C=Comprehensive Plan; HMO=Health Maintenance Organization; POS=Point of Service; POS-OA=Point of Service, Open Access; OAP+ = Open Access Plus; PPO=Preferred Provider Organization n/a= Plan has changed from last year or information not available from previous year.

Table with columns: Region/SAU/Alpha Sort, Plan Code, SAU #, Local Name, Medical Plan(s), Type, Did Not Report, Rate Change over 2012, Total Monthly Premium, Sch District Contribution, Monthly Employer Contribution, Monthly Employee Contribution, IRS/IRC Sec 125, Reimburse No Med Ins, Retiree Ins Paid, Marrieds Full Ins Pd, Dom. Partner Coverage, Comments. Rows include various SAUs like SOU-41, SOU-28, SOU-57, SOU-39, WES-06, WES-60, WES-71, WES-75, WES-70, WES-65, WES-88, WES-76, WES-62.

1/17/2014

NOTE! 2013 rates for SC have the Premium Holiday factored in. Rates for HT do not.

New Hampshire Teachers & Educational Support Personnel (ESP)

MEDICAL INSURANCE BENEFITS

Rates as of July 1, 2013, rounded to the nearest dollar. District contribution shown for "full time" employees.

(MC=Managed Care; C=Comprehensive Plan; HMO=Health Maintenance Organization; POS=Point of Service; POS-OA=Point of Service, Open Access; OAP+ = Open Access Plus; PPO=Preferred Provider Organization
n/a= Plan has changed from last year or information not available from previous year.

LGC Health Trust
SchoolCare
Inter Local Trust
Other

Region\SAU\Alpha Sort	Plan Code HT, SC, IL, C	SAU #	Local Name	Medical Plan(s)	Type	Did Not Report	Rate Change over 2012	Total Monthly Premium (rounded to the nearest dollar)			Sch District Contribution % of \$ of Premium Cost			Monthly Employer Contribution Dollars			Monthly Employee Contribution Dollars			IRS/IRC Sec 125	Reimburse No Med Ins	Retiree Ins Paid	Marrieds Full Ins Pd	Dom. Partner Coverage	Comments:						
								Single	2-Person	Family	Single	2-Person	Family	Single	2-Person	Family	Single	2-Person	Family												
Region\SAU\Alpha Sort								Single	2-Person	Family	Single	2-Person	Family	Single	2-Person	Family															
WES-04-Newfound-P1	HT	4	Newfound Area TA	Anthem Blue Cross	C 300-MC		9.2%	\$889	\$1,778	\$2,401	*	*	*	\$611	\$1,221	\$1,649	\$278	\$557	\$752	Y	\$1,500						*district pays 87% of the HMO plan towards the Comp 300				
WES-04-Newfound-P2	HT	4	Newfound Area TA	Matthew Thornton Blue	HMO*		4.3%	\$702	\$1,404	\$1,895	87%	87%	87%	\$611	\$1,221	\$1,649	\$91	\$183	\$246												
WES-43-Newport-ESP-P1	HT	43	Newport ESP	MTB15 IP Ded NEW	HMO		6.3%	\$731	\$1,462	\$1,974	90%	90%	90%	\$658	\$1,316	\$1,777	\$73	\$146	\$197								New MT HMO with deductible				
WES-43-Newport-P1	HT	43	Newport TA	MTB15 IP Ded NEW	HMO		6.3%	\$731	\$1,462	\$1,974	88%	88%	88%	\$643	\$1,287	\$1,737	\$88	\$175	\$237			Y				New MT HMO with deductible					
WES-32-Plainfield-ESP-P1	SC	32	Plainfield SS	SchoolCare	HMO		1.0%	\$631	\$1,261	\$1,703	86%	86%	86%	\$543	\$1,084	\$1,465	\$88	\$177	\$238	Y	\$1,250				Y	*District pays dollar equivalent of its HMO contribution toward the POS-OA.					
WES-32-Plainfield-ESP-P2	SC	32	Plainfield SS	SchoolCare	POS-OA		0.9%	\$706	\$1,412	\$1,906	*	*	*	\$543	\$1,084	\$1,465	\$163	\$328	\$441												
WES-32-Plainfield-P1	SC	32	Plainfield EA	SchoolCare	HMO		1.0%	\$631	\$1,261	\$1,703	83%	83%	83%	\$524	\$1,047	\$1,413	\$107	\$214	\$290	Y	\$1,250	**Y		Y		*District pays dollar equivalent of its HMO contribution toward the POS-OA.					
WES-32-Plainfield-P2	SC	32	Plainfield EA	SchoolCare	POS		0.9%	\$706	\$1,412	\$1,906	*	*	*	\$524	\$1,047	\$1,413	\$182	\$365	\$493							**District pays single premium for early retirees age 55-65, at same percentage as active employees.					
WES-43-Sunapee-P1	SC	43	Sunapee TA	BlueChoice	POS		-100.0%				83%	83%	83%							Y	\$1,000		Y								
WES-43-Sunapee-P2	SC	43	Sunapee TA	Matthew Thornton Blue	HMO		-100.0%				83%	83%	83%																		
WES-06-Unity-P1	SC	6	Unity EA	SchoolCare	HMO		1.0%	\$713	\$1,426	\$1,925	*	*	*	\$799	\$1,437	\$1,725	-\$86	-\$11	\$200	Y							* District pays dollar equivalent of its contribution for the POS-OA toward the HMO plan.				
WES-06-Unity-P2	SC	6	Unity EA	SchoolCare	POS-OA		1.0%	\$799	\$1,597	\$2,156	100%	90%	80%	\$799	\$1,437	\$1,725	\$0	\$160	\$431												
WES-06-Unity-P3	SC	6	Unity EA	SchoolCare	OA+		1.1%	\$660	\$1,319	\$1,781				\$799	\$1,437	\$1,725	-\$139	-\$118	\$56												
		542 NHMA				#DIV/0!		-18.7%																							
		546																													