SCHOOLCARE / HARVARD PILGRIM

REVISED 07.01.2025 - FLEXIBLE BENEFIT RATES											
		(Effe	ective January	1, 2025)							
TOWN NO	N-UNION & AFS	SCME EMPLOYE	ES (Available to	Retirees under	65 within New	England Area)					
			-// /0/00 -	7/1-12/30							
			7/1-12/30 Town	Remains the							
SCIUDUC UMO OA SUDED \$41/\$01/\$01/			absorbing the difference	same as first 6 mos				Town			
SC/HPHC - HMO OA SUPER \$1K/\$2K/\$3K		TOWN'S	0 11105	TOWN		1	Absorbing difference				
Eligible	RATE	DEDUCTIBLE	SHARE	EE'S SHARE	BI/WKLY	EE BI/WKLY	nhit rate	cost			
Single	\$ 1,317.50	\$ 1,000.00	\$ 1,144.17	\$ 173.33	\$ 572.09	\$ 86.67	\$ (1,155.53)				
2-Person	\$ 2,635.00	\$ 2,000.00	\$ 2,288.34	\$ 346.66	\$ 1,144.17	\$ 173.33	\$ (2,311.04)				
Family	\$ 3,557.50	\$ 3,000.00	\$ 3,089.51	\$ 467.99	\$ 1,544.76	\$ 234.00	\$ (3,119.91)				
							1				
									Single example bel		
			ES (Available to		65 within New	England Area)		I	Deductible -ACT as		
FSA	MONTHLY	50; \$3K/\$6K/\$9K	100%	0%	TOWN		1	difference	to personal savings		
Eligible	RATE	DEDUCTIBLE	SHARE	EE'S SHARE	BI/WKLY	EE BI/WKLY	nhit rate	difference cost	1 yr	2 yrs	
Single	\$ 896.00	\$ 3,000.00	\$ 896.00	\$ -	\$ 448.00	\$ -	\$ (785.95)		-		
2-Person	\$ 1,792.00	\$ 6,000.00	\$ 1,792.00	\$ -	\$ 896.00	\$ -	\$ (1,571.91)			•	
Family	\$ 2,419.00	\$ 9,000.00	\$ 2,419.00	\$ -	\$ 1,209.50	\$ -	\$ (2,122.08)				
TOWN NON	I-UNION & AFSCI	ME EMPLOYEES -	HDHP W/HSA - Act	tive Full-time En	nployees			l	2025 SCHEDULE 1	or ACTIVE	
SC/HPHC - HMO OA HSA \$3,500/\$7,000			100%	0%					Employees ONLY		
HSA			TOWN'S		TOWN			difference	Yr1 = Town pays 10	pays 100% of premium	
Eligible	RATE	DEDUCTIBLE	SHARE	EE'S SHARE	BI/WKLY	EE BI/WKLY	nhit rate	cost	+ 100% of deductib		
									Yr2 = Town pays 10	00% of premium	
Single	\$ 973.50	\$ 3,500.00	\$ 973.50	\$ -	\$ 486.75	\$ -	\$ (854.10)	\$ 119.40	+ 75% of deductible		
2-Person	\$ 1,947.00	\$ 7,000.00	\$ 1,947.00	\$ -	\$ 973.50	\$ -	\$ (1,708.19)	ć 220 01	Yr3 = Town pays 10 + 50% of deductible		
2-1 613011	Ψ 1,3-7.00	φ 7,000.00	Ψ 1,947.00	Ψ -	ψ 973.30	Ψ -	3 (1,708.19)	\$ 250.01	Yr4 = Town pays 10		
Family	\$ 2,628.50	\$ 7,000.00	\$ 2,628.50	\$ -	\$ 1,314.25	\$ -	\$ (2,306.06)	\$ 322.44	+ 50% of deductible	•	
2025 HEALTH INSURANCE OPT OUT											
Town Op	t Out 2025										
						Single, 2-Per,					
			NO CHANGE	\$ 11,786.41		Fam					
			Town's Annual Co		Opt Out 2025	\$ 4,714.56	.				
			div by 24 pays	\$ 196.44	Div by 24 pays	\$ 196.44	<u> </u>				

SCHOOLCARE / HARVARD PILGRIM

AFSCME	Opt Out 202	25										
	· · · · · · · · · · · · · · · · · · ·		al to forty (40%) p	percent of the Town's	s Annual Contrib	ution to lowest H	IMO :	Single, 2 Persor	or Family lev	el.		
		ΤÌ	3 () [Single	2 Person		Family				
Opt Out 20	25				\$ 3,500.00	\$ 7,000.00		\$ 10,000.00				
Div by 24 p	pays				\$ 145.83	\$ 291.67		\$ 416.67				
				RE	TIREE INFO	RMATION						
	SCOOLCAR	E/HP	HC OA SUPER	OR LP PLAN - RET	IREE UNDER 65	- RESIDING W	ITHIN	N NEW ENGLA	ND			
Retirees (under 65, WITHI	N Ne	w England)									
}ee HPHP	OA SUPER OR	HPH	IP OA LP PLAN II	NFORMATION (ABO	OVE)							
				I - RETIREE UNDER	R 65 - RESIDING	OUTSIDE OF	NEW	ENGLAND				
			OF New England									
SC/HPHC	- POS PLAN / \$1	,500		0%	100%	70000						
	MONTHLY RATE	,	DEDUCTIBLE	TOWN'S SHARE	EE'S SHARE	TOWN BI/WKLY		EE BI/WKLY	nhit rate	difference (cost)		
Cinala				SHARE						• •		
Single 2-Perso	\$ 1,289.50		\$ 1,500.00 \$ 4,500.00	+	\$ 1,289.50 \$ 2,579.00	\$ - \$ -		\$ - \$ -	\$ (1,131.15)			
Family	n \$ 2,579.00 \$ 3,481.50		\$ 4,500.00 \$ 4,500.00		\$ 2,579.00	\$ -		\$ - \$ -	\$ (2,262.31)			
ганну	\$ 3,461.50	+++	\$ 4,500.00		\$ 3,461.50	φ -		Φ -	\$ (3,054.13)	\$ 427.37		
										difference		
	SCHOOLCA	RE -	RETIREE 65 AN	D OVER - Effective	7/1/25				nhit rate	(savings)		
Retiree o	ver 65)											
Jnited Hea	althcare	ΕN	HANCED ADVA	NTAGE PLAN				\$ 398.00	\$ (610.31)	\$ (212.31)	PER PERSON	
Jnited Am	erican Inc Co	TR	ADITIONAL PLA	N G - MEDICAL ON	ILY (NO PRESC	RIPTION)		\$ 192.00	\$ (371.62)	\$ (179.62)	PER PERSON	
								If NHRS Non-				
						If NHRS		Medicare				
	NF	IRS S	Subsidy rates (se	et by NHRS)		Medicare	E	Eligible				
		p	per person			over 65		under 65				
					Single			\$ 375.56				
					2-Person							
					https://www.n	hrs.org/retiree	s/pla	ın-details/medi	cal-subsidy			