

# Peabody Public Schools

## HEALTH, DENTAL, & VISION INSURANCE RATES SCHOOL YEAR 2024-2025

**(New rates start the first pay June 2023)**

### Medical Plans- Blue Cross Blue Shield (30 day waiting period)

Plan	Type	Employee Portion	
<b><u>Blue Care Elect PPO</u></b>	Individual	\$116.01 Biweekly	\$232.01 Monthly
Employee share 20%	Family	\$280.26 Biweekly	\$560.52 Monthly
	Plan-Year Deductible: \$500/\$1,000		<b>24 pay periods</b>
<b><u>HMO Blue New England</u></b>	Individual	\$75.07 Biweekly	\$150.13 Monthly
Employee share 15%	Family	\$181.34 Biweekly	\$362.68 Monthly
	Plan-Year Deductible: \$500/\$1,000		<b>24 pay periods</b>
<b><u>Access Blue NE Saver</u></b>	Individual	\$67.89 Biweekly	\$135.78 Monthly
<b><u>High Deductible HMO</u></b>	Family	\$164.01 Biweekly	\$328.02 Monthly

**THE ACCESS BLUE PLAN IS NOT AVAILABLE TO NEW STAFF FY25**

<b>Blue 20/20 Vision Plan</b>	Employee	\$5.54 Monthly
	Employee/Spouse	\$9.42 Monthly
	Employee/Child	\$9.70 Monthly
	Family	\$15.23 Monthly

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### Altus Dental

High Plan	Single: \$47.54 Monthly	Family: \$118.90 Monthly (Annual Max. \$1500)
Low Plan	Single: \$34.14 Monthly	Family: \$95.52 Monthly (Annual Max. \$1000)