



SOUTHWICK-TOLLAND-GRANVILLE REGIONAL SCHOOL DISTRICT

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
Interim Director of
Finance and Operations

Robin L. Gunn
Director of
Student Services

MIIA HEALTH BENEFITS TRUST

Southwick Tolland Granville Regional School District Renewal Proposal

07/01/2023 - 06/30/2024

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	\$332.51	\$153.47
Family	\$4,000/\$6,000	\$889.71	\$410.64
Network Blue NE Deductible - HMO			
Individual	\$250/\$2,000	\$391.19	\$180.55
Family	\$750/\$4,000	\$1,046.71	\$483.10
Network Blue NE Value Plus - HMO			
Individual	\$0.00/\$2,000	\$426.57	\$196.88
Family	\$0.00/\$4,000	\$1,144.19	\$528.10
Blue Care Elect Deductible – PPO			
Individual	\$250-\$450/\$2,000-\$3,000	\$465.28	\$214.75
Family	\$750-\$800/\$4,000	\$1,247.00	\$575.53

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.

Plan	Monthly Rate	26-Pay Period Deduction
------	--------------	----------------------------

Medex 2 Medicare Supplement

Individual Only	\$173.22	
-----------------	----------	--

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	\$1.75	\$0.81
\$10,000 death benefit		

Retirees

\$2,000 death benefit	\$0.31
-----------------------	--------

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