



Nantucket  
**Lighthouse  
 School**

The 2018-2019 Nantucket Lighthouse  
 Employee Contributions to Health Insurance

	<b>Blue Cross/Blue Shield HMO Blue NE Saver \$3,000</b>	<b>Blue Cross/Blue Shield Preferred Blue PPO</b>
	<b>Employee Contribution Per paycheck (26/22)</b>	<b>Employee Contribution Per paycheck (26/22)</b>
Single	\$49.32 / \$58.29	\$55.90 / \$66.07
Empl. + Children 60% (0 - 2 years)	\$175.09 / \$206.93	\$198.45 / \$234.53
Empl. + Children 50% (3 years)	\$154.13 / \$182.16	\$174.69 / \$206.45
Empl. + Children 40% (4+ years)	\$133.17 / \$157.38	\$150.93 / \$178.37
Empl. + Spouse 60% (0 - 2 years)	\$197.29 / \$233.16	\$223.60 / \$264.26
Empl. + Spouse 50% (3 years)	\$172.63 / \$204.02	\$195.65 / \$231.23
Empl. + Spouse 40% (4+ years)	\$147.97 / \$174.87	\$167.70 / \$198.19
Family 60% (0 - 2 years)	\$323.06 / \$381.80	\$366.15 / \$432.72
Family 50% (3 years)	\$277.44 / \$327.88	\$314.44 / \$371.61
Family 40% (4+ years)	\$231.82 / \$273.96	\$262.73 / \$310.50
Deductible In Network Individual/Family	<b>\$3000/\$6000</b>	<b>\$3,000/\$6,000</b>
Deductible Out of Network Individual/Family	<b>N/A</b>	\$5,000/\$7,500
Office Visit	\$20	\$30 - 20% OON
ER Visit	\$150 after ded	\$150
Inpatient Care/Day	\$0	\$250 - OON 20% coinsurance
OOP Max IN NETWORK Individual/Family	<b>\$6550/\$13,100</b>	<b>\$6550/\$13,100</b>
OOP Max OUT of NETWORK Individual/Family	N/A	\$7,500/\$15,000
Generic Prescription	\$25/\$50	\$25/\$50 - OON \$50 \$100
Preferred Brand	\$150	\$150 - OON \$300
Non-Preferred Brand	\$225	\$225 - OON \$450

\*\*\* The HMO covers all Blue Cross Blue Shield providers in New England (Maine, Vermont, New Hampshire, Massachusetts, Connecticut & Rhode Island). Emergency and Urgent care, as well as medical transportation, are covered outside of New England.

OOP = Out of pocket expense  
 OON = Out of Network