

School Administrative Unit #19 - Goffstown School District

GOFFSTOWN TEACHERS

Class G1

2025-2026 Benefit Election Summary / Benefit Option Costing Sheet

7/1/25-6/30/26

Medical Insurance Options:

Eligibility Criteria: Minimum of 15 hours/week (benefit prorated for part-time staff)

FT Employees: *District pays 85% of single coverage, 80% of 2-person or family coverage

**The employer's maximum contribution for an employee's medical insurance premium shall be solely based on the premium cost of the Access Blue New England Site of Service (SOS) plan.*

Check One Coverage Choice Below:		Total Annual Cost	Employee Annual Cost	Employer Annual Cost	Employee Deduction per 20 Pay Periods*
OA10-R10/25/40M10/40/70	Single	\$15,809.52	\$4,941.22	\$10,868.30	\$247.07
Open Access PPO	2-Person	\$31,619.04	\$11,161.06	\$20,457.98	\$558.06
\$10 co-pay	Family	\$42,685.68	\$15,067.34	\$27,618.34	\$753.37
Access Blue New England	Single	\$15,082.20	\$4,213.90	\$10,868.30	\$210.70
(AB20) - \$20 co-pay	2-Person	\$30,164.40	\$9,706.42	\$20,457.98	\$485.33
Prescription \$10/25/40M\$10/40/70	Family	\$40,721.88	\$13,103.54	\$27,618.34	\$655.18
Access Blue New England SOS	Single	\$12,786.24	\$1,917.94	\$10,868.30	\$95.90
(ABSOS) - \$20 PCP/\$40 Specialist co-pay	2-Person	\$25,572.48	\$5,114.50	\$20,457.98	\$255.73
\$1000/\$3000 Ded. Prescription \$10/20/45	Family	\$34,522.92	\$6,904.58	\$27,618.34	\$345.23

Opt Out I choose not to elect Medical Insurance

Dental Insurance:

Eligibility Criteria: Minimum of 15 hours/week (benefit prorated for part-time staff)

FT Employees: District pays 100% of single coverage, 85% of 2-person or family coverage, \$1,000 annual cap

Check One Coverage Choice Below:

NE Delta Dental	Single	\$601.08	\$0.00	\$601.08	\$0.00
(Option 1A)	2-Person	\$1,162.56	\$174.38	\$988.18	\$8.72
	Family	\$2,103.12	\$315.47	\$1,787.65	\$15.78

Opt Out I choose not to elect Dental Insurance

Life Insurance / Lincoln Financial:

Eligibility Criteria: Minimum of 20 hours/week

District pays 100% premium for \$25,000 Group Term Life

Long Term Disability / Lincoln Financial:

Eligibility Criteria: Minimum of 20 hours/week

District pays 100% premium - 66 2/3% salary; \$2500/month cap; 90 day elimination period

Retirement / NHRS Teacher Group:

Eligibility Criteria: Minimum of 30 hours/week; 180 school days/year

Employee Contribution: Mandatory 7% of earnable compensation

Employer Contribution: 17.8% of earnable compensation

Print Name: _____ Signature: _____ Date: _____

*The above rates are for 7/1/25-6/30/26 and assume the continuation of your current coverage level and plan. The benefits for this class run from September-August. Because the July and August 2026 rates are not yet known, an adjustment will be made to your pay in June 2026 to cover any rate increase for those months. New enrollments at Open Enrollment require a deduction schedule adjustment to cover 14 months' worth of coverage (July-August). The deduction schedule will be sent to you following your enrollment or you can call the HR Department for an estimate of the 14 month rate calculation. The June adjustment will also apply. If a change in benefits is made at another time, a deduction schedule will be sent to you indicating the adjustment to Employee Deduction Per Pay Period. If you have any questions, please call the HR Dept. at 497-4818.

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Check One Coverage Choice Below:		Total	Employee	Employer	Employee
		Annual Cost	Annual Cost	Annual Cost	Deduction per 20 Pay Periods*
OAHD/2.5K/20COIN	Single	\$11,346.24	\$1,701.94	\$9,644.30	\$85.10
Open Access High Deductible Plan with COIN to \$4,000/\$8,000	2-Person	\$22,692.48	\$4,538.50	\$18,153.98	\$226.93
	Family	\$30,634.80	\$6,126.96	\$24,507.84	\$306.35
Access Blue New England (AB20) - \$20 co-pay <i>Prescription \$10/25/40MS\$10/40/70</i>	Single	\$15,082.20	\$4,213.90	\$10,868.30	\$210.70
	2-Person	\$30,164.40	\$9,706.42	\$20,457.98	\$485.33
	Family	\$40,721.88	\$13,103.54	\$27,618.34	\$655.18
Access Blue New England SOS (ABSOS) - \$20 PCP/\$40 Specialist co-pay <i>\$1000/\$3000 Ded. Prescription \$10/20/45</i>	Single	\$12,786.24	\$1,917.94	\$10,868.30	\$95.90
	2-Person	\$25,572.48	\$5,114.50	\$20,457.98	\$255.73
	Family	\$34,522.92	\$6,904.58	\$27,618.34	\$345.23

Opt Out I choose not to elect Medical Insurance

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NE Delta Dental (Option 1A)	Single	\$601.08	\$0.00	\$601.08	\$0.00
	2-Person	\$1,162.56	\$174.38	\$988.18	\$8.72
	Family	\$2,103.12	\$315.47	\$1,787.65	\$15.78

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Eligibility Criteria: Minimum of 20 hours/week

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This form is intended to be a benefit summary only. See appropriate governing policies for detailed benefit information.

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		Annual Cost	Annual Cost	Annual Cost	Deduction per 20 Pay Periods*
Lumenos2500 Preferred Blue (HDHP) \$2,500/\$5,000	Single	\$12,436.44	\$1,865.47	\$10,570.97	\$93.28
	2-Person	\$24,872.88	\$4,974.58	\$19,898.30	\$248.73
	Family	\$33,578.28	\$6,715.66	\$26,862.62	\$335.79
Access Blue New England (AB20) - \$20 co-pay <i>Prescription \$10/25/40M\$10/40/70</i>	Single	\$15,082.20	\$4,213.90	\$10,868.30	\$210.70
	2-Person	\$30,164.40	\$9,706.42	\$20,457.98	\$485.33
	Family	\$40,721.88	\$13,103.54	\$27,618.34	\$655.18
Access Blue New England SOS (ABSOS) - \$20 PCP/\$40 Specialist co-pay <i>\$1000/\$3000 Ded. Prescription \$10/20/45</i>	Single	\$12,786.24	\$1,917.94	\$10,868.30	\$95.90
	2-Person	\$25,572.48	\$5,114.50	\$20,457.98	\$255.73
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