

## 2020-21 Employee Benefits Plan Options

Plan Name	Medical Plan Information	Prescription Plan	Dental	Vision	Medical	Total Plan Premium	Total District Contribution	Total Employee Cost Share	Monthly Employee Cost Share for 12-Month Employee	Monthly Employee Cost Share for 10-Month Employee
<b>PPO 4 RX-A</b> Individual Calendar Year OOPM-\$1,250	<b>Co-Insurance:</b> 90% <b>Co-Pay:</b> \$20 <b>Deductible:</b> \$100 Calendar Year OOPM- Individual \$1,250	<b>Retail: (30-day Supply):</b> \$5 Generic; \$22 Brand <b>Mail Order (90-Day Supply):</b> \$10 Generic; \$44 Brand								
Employee Only			\$ 1,304	\$ 241	\$ 9,216	\$ 10,761	\$ 9,391	\$ 1,370	\$ 114.17	\$ 137.00
Employee + Spouse			\$ 1,304	\$ 241	\$ 19,356	\$ 20,901	\$ 15,200	\$ 5,701	\$ 475.08	\$ 570.10
Employee + Children			\$ 1,304	\$ 241	\$ 17,508	\$ 19,053	\$ 13,914	\$ 5,139	\$ 428.25	\$ 513.90
Employee + Family			\$ 1,304	\$ 241	\$ 29,496	\$ 31,041	\$ 22,220	\$ 8,821	\$ 735.08	\$ 882.10
<b>Wellness RX-C</b> Individual Calendar Year OOPM-\$1,750	<b>Co-Insurance:</b> 90% <b>Co-Pay:</b> \$20 / \$40 <b>Deductible:</b> \$500	<b>Retail: (30-day Supply):</b> \$7 Generic; \$25 Preferred; \$40 Non-Preferred <b>Mail Order (90-Day Supply):</b> \$15 Generic; \$60 Preferred; \$90 Non-Preferred								
Employee Only			\$ 1,304	\$ 241	\$ 8,556	\$ 10,101	\$ 9,391	\$ 710	\$ 59.17	\$ 71.00
Employee + Spouse			\$ 1,304	\$ 241	\$ 17,976	\$ 19,521	\$ 15,200	\$ 4,321	\$ 360.08	\$ 432.10
Employee + Children			\$ 1,304	\$ 241	\$ 16,260	\$ 17,805	\$ 13,914	\$ 3,891	\$ 324.25	\$ 389.10
Employee + Family			\$ 1,304	\$ 241	\$ 27,384	\$ 28,929	\$ 22,220	\$ 6,709	\$ 559.08	\$ 670.90
<b>PPO 6 RX-A</b> Individual Calendar Year OOPM-\$2,000	<b>Co-Insurance:</b> 80% <b>Co-Pay:</b> \$20 <b>Deductible:</b> \$250	<b>Retail: (30-day Supply):</b> \$5 Generic; \$22 Brand <b>Mail Order (90-Day Supply):</b> \$10 Generic; \$44 Brand								
Employee Only			\$ 1,304	\$ 241	\$ 8,484	\$ 10,029	\$ 9,391	\$ 638	\$ 53.17	\$ 63.80
Employee + Spouse			\$ 1,304	\$ 241	\$ 17,820	\$ 19,365	\$ 15,200	\$ 4,165	\$ 347.08	\$ 416.50
Employee + Children			\$ 1,304	\$ 241	\$ 16,116	\$ 17,661	\$ 13,914	\$ 3,747	\$ 312.25	\$ 374.70
Employee + Family			\$ 1,304	\$ 241	\$ 27,144	\$ 28,689	\$ 22,220	\$ 6,469	\$ 539.08	\$ 646.90
<b>PPO 8 RX-A</b> Individual Calendar Year OOPM-\$3,250	<b>Co-Insurance:</b> 80% <b>Co-Pay:</b> \$30 <b>Deductible:</b> \$500	<b>Retail: (30-day Supply):</b> \$5 Generic; \$22 Brand <b>Mail Order (90-Day Supply):</b> \$10 Generic; \$44 Brand								
Employee Only			\$ 1,304	\$ 241	\$ 7,680	\$ 9,225	\$ 9,391	\$ -	\$ -	\$ -
Employee + Spouse			\$ 1,304	\$ 241	\$ 16,128	\$ 17,673	\$ 15,200	\$ 2,473	\$ 206.08	\$ 247.30
Employee + Children			\$ 1,304	\$ 241	\$ 14,592	\$ 16,137	\$ 13,914	\$ 2,223	\$ 185.25	\$ 222.30
Employee + Family			\$ 1,304	\$ 241	\$ 24,576	\$ 26,121	\$ 22,220	\$ 3,901	\$ 325.08	\$ 390.10
<b>PPO 9 RX-A</b> Individual Calendar Year OOPM-\$5,000	<b>Co-Insurance:</b> 80% <b>Co-Pay:</b> \$35 <b>Deductible:</b> \$1,000	<b>Retail: (30-day Supply):</b> \$5 Generic; \$22 Brand <b>Mail Order (90-Day Supply):</b> \$10 Generic; \$44 Brand								
Employee Only			\$ 1,304	\$ 241	\$ 6,852	\$ 8,397	\$ 9,391	\$ -	\$ -	\$ -
Employee + Spouse			\$ 1,304	\$ 241	\$ 14,388	\$ 15,933	\$ 15,200	\$ 733	\$ 61.08	\$ 73.30
Employee + Children			\$ 1,304	\$ 241	\$ 13,020	\$ 14,565	\$ 13,914	\$ 651	\$ 54.25	\$ 65.10
Employee + Family			\$ 1,304	\$ 241	\$ 21,924	\$ 23,469	\$ 22,220	\$ 1,249	\$ 104.08	\$ 124.90

Plan Name	Medical Plan Information	Prescription Plan				Total Plan Premium	Total District Contribution	Total Employee Cost Share	Monthly Employee Cost Share for 12-Month Employee	Monthly Employee Cost Share for 10-Month Employee
<b>HDHP 1</b> Individual Calendar Year OOPM-\$4,250	<u>Co-Insurance/Co-Pay:</u> 80% after deductible is met (See Plan Summary Document) <u>Deductible:</u> \$1,300	Paid at 80% after deductible is met (See Summary Plan Document)								
Employee Only			\$ 1,304	\$ 241	\$ 5,736	\$ 7,281	\$ 9,391	\$ -	\$ -	\$ -
Employee + Spouse			\$ 1,304	\$ 241	\$ 12,048	\$ 13,593	\$ 15,200	\$ (1,607)	\$ -	\$ -
Employee + Children			\$ 1,304	\$ 241	\$ 10,896	\$ 12,441	\$ 13,914	\$ (1,473)	\$ -	\$ -
Employee + Family			\$ 1,304	\$ 241	\$ 18,348	\$ 19,893	\$ 22,220	\$ (2,327)	\$ -	\$ -
<b>PPO BRONZE</b> Individual Calendar Year OOPM-\$6,350	<u>Co-Insurance:</u> Paid at 70% after deductible is met (See Summary Plan Document) <u>Co-Pay:</u> \$60 for first 3 visits; Remaining visits paid at 70% after deductible is met <u>Deductible:</u> \$5,000	Subject to Deductible, then: <u>Retail: (30-day Supply):</u> \$25 Generic; \$50 Brand <u>Mail Order (90-Day Supply):</u> \$50 Generic; \$100 Brand								
Employee Only			\$ 1,304	\$ 241	\$ 4,752	\$ 6,297	\$ 9,391	\$ -	\$ -	\$ -
Employee + Spouse			\$ 1,304	\$ 241	\$ 9,984	\$ 11,529	\$ 15,200	\$ (3,671)	\$ -	\$ -
Employee + Children			\$ 1,304	\$ 241	\$ 9,036	\$ 10,581	\$ 13,914	\$ (3,333)	\$ -	\$ -
Employee + Family			\$ 1,304	\$ 241	\$ 15,204	\$ 16,749	\$ 22,220	\$ (5,471)	\$ -	\$ -