

2018-19 Employee Benefits Plan Options

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
PPO 4 RX-A Individual Calendar Year OOPM-\$1,250	Co-Insurance: 90% Co-Pay: \$20 Deductible: \$100 Calendar Year OOPM- Individual \$1,250	Retail: (30-day Supply): \$5 Generic; \$22 Brand Mail Order (90-Day Supply): \$10 Generic; \$44 Brand					
Employee Only			\$ 8,760.00	\$ 7,846.00	\$ 914.00	\$ 76.17	\$ 91.40
Employee + Spouse			\$ 18,396.00	\$ 13,655.00	\$ 4,741.00	\$ 395.08	\$ 474.10
Employee + Children			\$ 16,644.00	\$ 12,369.00	\$ 4,275.00	\$ 356.25	\$ 427.50
Employee + Family			\$ 28,044.00	\$ 20,655.00	\$ 7,389.00	\$ 615.75	\$ 738.90
Wellness RX-C Individual Calendar Year OOPM-\$1,750	Co-Insurance: 90% Co-Pay: \$20 / \$40 Deductible: \$500	Retail: (30-day Supply): \$7 Generic; \$25 Preferred; \$40 Non-Preferred Mail Order (90-Day Supply): \$15 Generic; \$60 Preferred; \$90 Non-Preferred					
Employee Only			\$ 8,136.00	\$ 7,846.00	\$ 290.00	\$ 24.17	\$ 29.00
Employee + Spouse			\$ 17,076.00	\$ 13,655.00	\$ 3,421.00	\$ 285.08	\$ 342.10
Employee + Children			\$ 15,456.00	\$ 12,369.00	\$ 3,087.00	\$ 257.25	\$ 308.70
Employee + Family			\$ 26,028.00	\$ 20,675.00	\$ 5,353.00	\$ 446.08	\$ 535.30
PPO 6 RX-A Individual Calendar Year OOPM-\$2,000	Co-Insurance: 80% Co-Pay: \$20 Deductible: \$250	Retail: (30-day Supply): \$5 Generic; \$22 Brand Mail Order (90-Day Supply): \$10 Generic; \$44 Brand					
Employee Only			\$ 8,064.00	\$ 7,846.00	\$ 218.00	\$ 18.17	\$ 21.80
Employee + Spouse			\$ 16,944.00	\$ 13,655.00	\$ 3,289.00	\$ 274.08	\$ 328.90
Employee + Children			\$ 15,336.00	\$ 12,369.00	\$ 2,967.00	\$ 247.25	\$ 296.70
Employee + Family			\$ 25,824.00	\$ 20,675.00	\$ 5,149.00	\$ 429.08	\$ 514.90
PPO 8 RX-A Individual Calendar Year OOPM-\$3,250	Co-Insurance: 80% Co-Pay: \$30 Deductible: \$500	Retail: (30-day Supply): \$5 Generic; \$22 Brand Mail Order (90-Day Supply): \$10 Generic; \$44 Brand					
Employee Only			\$ 7,308.00	\$ 7,308.00	\$ -	\$ -	\$ -
Employee + Spouse			\$ 15,348.00	\$ 13,655.00	\$ 1,693.00	\$ 141.08	\$ 169.30
Employee + Children			\$ 13,884.00	\$ 12,369.00	\$ 1,515.00	\$ 126.25	\$ 151.50
Employee + Family			\$ 23,388.00	\$ 20,675.00	\$ 2,713.00	\$ 226.08	\$ 271.30
PPO 9 RX-A Individual Calendar Year OOPM-\$5,000	Co-Insurance: 80% Co-Pay: \$35 Deductible: \$1,000	Retail: (30-day Supply): \$5 Generic; \$22 Brand Mail Order (90-Day Supply): \$10 Generic; \$44 Brand					
Employee Only			\$ 6,516.00	\$ 6,516.00	\$ -	\$ -	\$ -
Employee + Spouse			\$ 13,692.00	\$ 13,655.00	\$ 37.00	\$ 3.08	\$ 3.70
Employee + Children			\$ 12,384.00	\$ 12,369.00	\$ 15.00	\$ 1.25	\$ 1.50
Employee + Family			\$ 20,868.00	\$ 20,675.00	\$ 193.00	\$ 16.08	\$ 19.30

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
HDHP 1 Individual Calendar Year OOPM-\$4,250	Co-Insurance/Co-Pay: 80% after deductible is met (See Plan Summary Document) Deductible: \$1,300	Paid at 80% after deductible is met (See Summary Plan Document)					
Employee Only			\$ 5,460.00	\$ 5,460.00	\$ -	\$ -	\$ -
Employee + Spouse			\$ 11,472.00	\$ 11,472.00	\$ -	\$ -	\$ -
Employee + Children			\$ 10,368.00	\$ 10,368.00	\$ -	\$ -	\$ -
Employee + Family			\$ 17,460.00	\$ 17,460.00	\$ -	\$ -	\$ -
PPO BRONZE Individual Calendar Year OOPM-\$6,350	Co-Insurance: Paid at 70% after deductible is met (See Summary Plan Document) Co-Pay: \$60 for first 3 visits; Remaining visits paid at 70% after deductible is met Deductible: \$5,000	Subject to Deductible, then: Retail: (30-day Supply): \$25 Generic; \$50 Brand Mail Order (90-Day Supply): \$50 Generic; \$100 Brand					
Employee Only			\$ 4,512.00	\$ 4,512.00	\$ -	\$ -	\$ -
Employee + Spouse			\$ 9,480.00	\$ 9,480.00	\$ -	\$ -	\$ -
Employee + Children			\$ 8,580.00	\$ 8,580.00	\$ -	\$ -	\$ -
Employee + Family			\$ 14,460.00	\$ 14,460.00	\$ -	\$ -	\$ -

Dental Annual Amount			\$ 1,304.40	\$ 1,304.40	\$ -	\$ -	\$ -
Vision Annual Amount			\$ 240.60	\$ 240.60	\$ -	\$ -	\$ -