

2022-23 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
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			\$ 1,304	\$ 241	\$ 10,308	\$ 11,853	\$ 9,391	\$ 2,462	\$ 205.17	\$ 246.20
Employee + Spouse			\$ 1,304	\$ 241	\$ 21,648	\$ 23,193	\$ 15,200	\$ 7,993	\$ 666.08	\$ 799.30
Employee + Children			\$ 1,304	\$ 241	\$ 19,584	\$ 21,129	\$ 13,914	\$ 7,215	\$ 601.25	\$ 721.50
Employee + Family			\$ 1,304	\$ 241	\$ 32,976	\$ 34,521	\$ 22,220	\$ 12,301	\$ 1,025.08	\$ 1,230.10
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			\$ 1,304	\$ 241	\$ 9,576	\$ 11,121	\$ 9,391	\$ 1,730	\$ 144.17	\$ 173.00
Employee + Spouse			\$ 1,304	\$ 241	\$ 20,112	\$ 21,657	\$ 15,200	\$ 6,457	\$ 538.08	\$ 645.70
Employee + Children			\$ 1,304	\$ 241	\$ 18,192	\$ 19,737	\$ 13,914	\$ 5,823	\$ 485.25	\$ 582.30
Employee + Family			\$ 1,304	\$ 241	\$ 30,648	\$ 32,193	\$ 22,220	\$ 9,973	\$ 831.08	\$ 997.30
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			\$ 1,304	\$ 241	\$ 9,492	\$ 11,037	\$ 9,391	\$ 1,646	\$ 137.17	\$ 164.60
Employee + Spouse			\$ 1,304	\$ 241	\$ 19,932	\$ 21,477	\$ 15,200	\$ 6,277	\$ 523.08	\$ 627.70
Employee + Children			\$ 1,304	\$ 241	\$ 18,036	\$ 19,581	\$ 13,914	\$ 5,667	\$ 472.25	\$ 566.70
Employee + Family			\$ 1,304	\$ 241	\$ 30,372	\$ 31,917	\$ 22,220	\$ 9,697	\$ 808.08	\$ 969.70
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			\$ 1,304	\$ 241	\$ 8,592	\$ 10,137	\$ 9,391	\$ 746.00	\$ 62.17	\$ 74.60
Employee + Spouse			\$ 1,304	\$ 241	\$ 18,036	\$ 19,581	\$ 15,200	\$ 4,381	\$ 365.08	\$ 438.10
Employee + Children			\$ 1,304	\$ 241	\$ 16,332	\$ 17,877	\$ 13,914	\$ 3,963	\$ 330.25	\$ 396.30
Employee + Family			\$ 1,304	\$ 241	\$ 27,492	\$ 29,037	\$ 22,220	\$ 6,817	\$ 568.08	\$ 681.70
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			\$ 1,304	\$ 241	\$ 7,668	\$ 9,213	\$ 9,391	\$ -	\$ -	\$ -
Employee + Spouse			\$ 1,304	\$ 241	\$ 16,104	\$ 17,649	\$ 15,200	\$ 2,449	\$ 204.08	\$ 244.90
Employee + Children			\$ 1,304	\$ 241	\$ 14,568	\$ 16,113	\$ 13,914	\$ 2,199	\$ 183.25	\$ 219.90
Employee + Family			\$ 1,304	\$ 241	\$ 24,528	\$ 26,073	\$ 22,220	\$ 3,853	\$ 321.08	\$ 385.30

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			\$ 1,304	\$ 241	\$ 6,420	\$ 7,965	\$ 9,391	\$ -	\$ -	\$ -
Employee + Spouse			\$ 1,304	\$ 241	\$ 13,476	\$ 15,021	\$ 15,200	\$ (179)	\$ -	\$ -
Employee + Children			\$ 1,304	\$ 241	\$ 12,204	\$ 13,749	\$ 13,914	\$ (165)	\$ -	\$ -
Employee + Family			\$ 1,304	\$ 241	\$ 20,544	\$ 22,089	\$ 22,220	\$ (131)	\$ -	\$ -
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			\$ 1,304	\$ 241	\$ 5,316	\$ 6,861	\$ 9,391	\$ -	\$ -	\$ -
Employee + Spouse			\$ 1,304	\$ 241	\$ 11,160	\$ 12,705	\$ 15,200	\$ (2,495)	\$ -	\$ -
Employee + Children			\$ 1,304	\$ 241	\$ 10,104	\$ 11,649	\$ 13,914	\$ (2,265)	\$ -	\$ -
Employee + Family			\$ 1,304	\$ 241	\$ 17,016	\$ 18,561	\$ 22,220	\$ (3,659)	\$ -	\$ -