

2023-24 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	Retail: (30-day Supply): \$5 Generic; \$22 Brand Mail Order (90-Day Supply): \$10 Generic; \$44 Brand								
Employee Only			\$ 1,304	\$ 241	\$ 10,668	\$ 12,213	\$ 9,391	\$ 2,822	\$ 235.17	\$ 282.20
Employee + Spouse			\$ 1,304	\$ 241	\$ 22,404	\$ 23,949	\$ 15,200	\$ 8,749	\$ 729.08	\$ 874.90
Employee + Children			\$ 1,304	\$ 241	\$ 20,268	\$ 21,813	\$ 13,914	\$ 7,899	\$ 658.25	\$ 789.90
Employee + Family			\$ 1,304	\$ 241	\$ 34,140	\$ 35,685	\$ 22,220	\$ 13,465	\$ 1,122.08	\$ 1,346.50
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	\$ 9,900	\$ 11,445	\$ 9,391	\$ 2,054	\$ 171.17	\$ 205.40
Employee + Spouse			\$ 1,304	\$ 241	\$ 20,784	\$ 22,329	\$ 15,200	\$ 7,129	\$ 594.08	\$ 712.90
Employee + Children			\$ 1,304	\$ 241	\$ 18,816	\$ 20,361	\$ 13,914	\$ 6,447	\$ 537.25	\$ 644.70
Employee + Family			\$ 1,304	\$ 241	\$ 31,680	\$ 33,225	\$ 22,220	\$ 11,005	\$ 917.08	\$ 1,100.50
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	\$ 9,828	\$ 11,373	\$ 9,391	\$ 1,982	\$ 165.17	\$ 198.20
Employee + Spouse			\$ 1,304	\$ 241	\$ 20,640	\$ 22,185	\$ 15,200	\$ 6,985	\$ 582.08	\$ 698.50
Employee + Children			\$ 1,304	\$ 241	\$ 18,672	\$ 20,217	\$ 13,914	\$ 6,303	\$ 525.25	\$ 630.30
Employee + Family			\$ 1,304	\$ 241	\$ 31,452	\$ 32,997	\$ 22,220	\$ 10,777	\$ 898.08	\$ 1,077.70
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	\$ 8,892	\$ 10,437	\$ 9,391	\$ 1,046	\$ 87.17	\$ 104.60
Employee + Spouse			\$ 1,304	\$ 241	\$ 18,684	\$ 20,229	\$ 15,200	\$ 5,029	\$ 419.08	\$ 502.90
Employee + Children			\$ 1,304	\$ 241	\$ 16,896	\$ 18,441	\$ 13,914	\$ 4,527	\$ 377.25	\$ 452.70
Employee + Family			\$ 1,304	\$ 241	\$ 28,452	\$ 29,997	\$ 22,220	\$ 7,777	\$ 648.08	\$ 777.70
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	\$ 7,944	\$ 9,489	\$ 9,391	\$ 98	\$ 8.17	\$ 9.80
Employee + Spouse			\$ 1,304	\$ 241	\$ 16,692	\$ 18,237	\$ 15,200	\$ 3,037	\$ 253.08	\$ 303.70
Employee + Children			\$ 1,304	\$ 241	\$ 15,084	\$ 16,629	\$ 13,914	\$ 2,715	\$ 226.25	\$ 271.50
Employee + Family			\$ 1,304	\$ 241	\$ 25,416	\$ 26,961	\$ 22,220	\$ 4,741	\$ 395.08	\$ 474.10

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: 90% after deductible is met (See Plan Summary Document) Deductible: \$1,500	Paid at 90% after deductible is met (See Summary Plan Document)								
Employee Only			\$ 1,304	\$ 241	\$ 6,648	\$ 8,193	\$ 9,391	\$ -	\$ -	\$ -
Employee + Spouse			\$ 1,304	\$ 241	\$ 13,968	\$ 15,513	\$ 15,200	\$ 313	\$ 26.08	\$ 31.30
Employee + Children			\$ 1,304	\$ 241	\$ 12,636	\$ 14,181	\$ 13,914	\$ 267	\$ 22.25	\$ 26.70
Employee + Family			\$ 1,304	\$ 241	\$ 21,276	\$ 22,821	\$ 22,220	\$ 601	\$ 50.08	\$ 60.10
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	\$ 5,508	\$ 7,053	\$ 9,391	\$ -	\$ -	\$ -
Employee + Spouse			\$ 1,304	\$ 241	\$ 11,568	\$ 13,113	\$ 15,200	\$ -	\$ -	\$ -
Employee + Children			\$ 1,304	\$ 241	\$ 10,464	\$ 12,009	\$ 13,914	\$ -	\$ -	\$ -
Employee + Family			\$ 1,304	\$ 241	\$ 17,628	\$ 19,173	\$ 22,220	\$ -	\$ -	\$ -