

2024-25 Employee Benefits Plan Options at 2023-24 Employee Cost Share

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	<u>Co-Insurance:</u> 90% <u>Co-Pay:</u> \$20 <u>Deductible:</u> \$100	<u>Retail: (30-day Supply):</u> \$5 Generic; \$22 Brand <u>Mail Order (90-Day Supply):</u> \$10 Generic; \$44 Brand								
Employee Only			\$ 1,304	\$ 241	\$ 11,952	\$ 13,497	\$ 10,957	\$ 2,540	\$ 211.67	\$ 254.00
Employee + Spouse			\$ 1,304	\$ 241	\$ 25,116	\$ 26,661	\$ 18,368	\$ 8,293	\$ 691.08	\$ 829.30
Employee + Children			\$ 1,304	\$ 241	\$ 22,728	\$ 24,273	\$ 16,791	\$ 7,482	\$ 623.50	\$ 748.20
Employee + Family			\$ 1,304	\$ 241	\$ 38,280	\$ 39,825	\$ 27,027	\$ 12,798	\$ 1,066.50	\$ 1,279.80
Wellness RX-C Individual Calendar Year OOPM-\$1,750	<u>Co-Insurance:</u> 90% <u>Co-Pay:</u> \$20 / \$40 <u>Deductible:</u> \$500	<u>Retail: (30-day Supply):</u> \$7 Generic; \$25 Preferred; \$40 Non-Preferred <u>Mail Order (90-Day Supply):</u> \$15 Generic; \$60 Preferred; \$90 Non-Preferred								
Employee Only			\$ 1,304	\$ 241	\$ 11,100	\$ 12,645	\$ 10,873	\$ 1,772	\$ 147.67	\$ 177.20
Employee + Spouse			\$ 1,304	\$ 241	\$ 23,316	\$ 24,861	\$ 18,188	\$ 6,673	\$ 556.08	\$ 667.30
Employee + Children			\$ 1,304	\$ 241	\$ 21,096	\$ 22,641	\$ 16,611	\$ 6,030	\$ 502.50	\$ 603.00
Employee + Family			\$ 1,304	\$ 241	\$ 35,520	\$ 37,065	\$ 26,727	\$ 10,338	\$ 861.50	\$ 1,033.80
PPO 6 RX-A Individual Calendar Year OOPM-\$2,000	<u>Co-Insurance:</u> 80% <u>Co-Pay:</u> \$20 <u>Deductible:</u> \$250	<u>Retail: (30-day Supply):</u> \$5 Generic; \$22 Brand <u>Mail Order (90-Day Supply):</u> \$10 Generic; \$44 Brand								
Employee Only			\$ 1,304	\$ 241	\$ 11,016	\$ 12,561	\$ 10,861	\$ 1,700	\$ 141.67	\$ 170.00
Employee + Spouse			\$ 1,304	\$ 241	\$ 23,136	\$ 24,681	\$ 18,152	\$ 6,529	\$ 544.08	\$ 652.90
Employee + Children			\$ 1,304	\$ 241	\$ 20,928	\$ 22,473	\$ 16,587	\$ 5,886	\$ 490.50	\$ 588.60
Employee + Family			\$ 1,304	\$ 241	\$ 35,256	\$ 36,801	\$ 26,691	\$ 10,110	\$ 842.50	\$ 1,011.00

Plan Name	Medical Plan Information	Prescription Plan	Dental	Vision	Medical	Total Plan Premium	Total District Cap	Total Employee Cost Share	Monthly Employee Cost Share for 12-Month Employee	Monthly Employee Cost Share for 10-Month Employee
PPO 8 RX-A Individual Calendar Year OOPM-\$3,250	<u>Co-Insurance:</u> 80% <u>Co-Pay:</u> \$30 <u>Deductible:</u> \$500	<u>Retail: (30-day Supply):</u> \$5 Generic; \$22 Brand <u>Mail Order (90-Day Supply):</u> \$10 Generic; \$44 Brand								
Employee Only			\$ 1,304	\$ 241	\$ 9,972	\$ 11,517	\$ 10,753	\$ 764	\$ 63.67	\$ 76.40
Employee + Spouse			\$ 1,304	\$ 241	\$ 20,952	\$ 22,497	\$ 17,924	\$ 4,573	\$ 381.08	\$ 457.30
Employee + Children			\$ 1,304	\$ 241	\$ 18,948	\$ 20,493	\$ 16,383	\$ 4,110	\$ 342.50	\$ 411.00
Employee + Family			\$ 1,304	\$ 241	\$ 31,920	\$ 33,465	\$ 26,163	\$ 7,302	\$ 608.50	\$ 730.20
PPO 9 RX-A Individual Calendar Year OOPM-\$5,000	<u>Co-Insurance:</u> 80% <u>Co-Pay:</u> \$35 <u>Deductible:</u> \$1,000	<u>Retail: (30-day Supply):</u> \$5 Generic; \$22 Brand <u>Mail Order (90-Day Supply):</u> \$10 Generic; \$44 Brand								
Employee Only			\$ 1,304	\$ 241	\$ 8,904	\$ 10,449	\$ 10,449	\$ -	\$ -	\$ -
Employee + Spouse			\$ 1,304	\$ 241	\$ 18,696	\$ 20,241	\$ 17,660	\$ 2,581	\$ 215.08	\$ 258.10
Employee + Children			\$ 1,304	\$ 241	\$ 16,908	\$ 18,453	\$ 16,155	\$ 2,298	\$ 191.50	\$ 229.80
Employee + Family			\$ 1,304	\$ 241	\$ 28,488	\$ 30,033	\$ 25,959	\$ 4,074	\$ 339.50	\$ 407.40
HDHP 1 Individual Calendar Year OOPM-\$4,250	<u>Co-Insurance/Co-Pay:</u> 90% after deductible is met (See Plan Summary Document) <u>Deductible:</u> \$1,500	Paid at 90% after deductible is met (See Summary Plan Document)								
Employee Only			\$ 1,304	\$ 241	\$ 7,452	\$ 8,997	\$ 8,997	\$ -	\$ -	\$ -
Employee + Spouse			\$ 1,304	\$ 241	\$ 15,636	\$ 17,181	\$ 17,181	\$ -	\$ -	\$ -
Employee + Children			\$ 1,304	\$ 241	\$ 14,148	\$ 15,693	\$ 15,693	\$ -	\$ -	\$ -
Employee + Family			\$ 1,304	\$ 241	\$ 23,820	\$ 25,365	\$ 25,365	\$ -	\$ -	\$ -

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	\$ 6,060	\$ 7,605	\$ 7,605	\$ -	\$ -	\$ -
Employee + Spouse			\$ 1,304	\$ 241	\$ 12,732	\$ 14,277	\$ 14,277	\$ -	\$ -	\$ -
Employee + Children			\$ 1,304	\$ 241	\$ 11,520	\$ 13,065	\$ 13,065	\$ -	\$ -	\$ -
Employee + Family			\$ 1,304	\$ 241	\$ 19,404	\$ 20,949	\$ 20,949	\$ -	\$ -	\$ -