

**2021-22 EMPLOYEE INSURANCE
FULL-TIME RATES**

80M (Package 1)

Blue Cross PPO	80% \$40 Copay
Group #	40393A/B
Deductible	\$3,000/\$6,000
Max Out of Pocket	\$4,000/\$8,000
Rx (w/deductible)	\$200/\$500 for brand drugs \$15 generic drugs
	Annually
Medical	\$ 12,636.00
Dental - Incentive	\$ 1,176.00
Vision	\$ 265.20
Total	\$ 14,077.20
District Contribution (\$5000+50%)	\$ 9,538.60
Employee	\$ 4,538.60
10 month pays	\$ 453.86
11 month pays	\$ 412.60
12 months pays	\$ 378.22

80G (Package 2)

Blue Cross PPO	80% \$30 Copay
Group #	40317H/J
Deductible	\$500/\$1,000
Max Out of Pocket	\$2,000/\$4,000
Rx (no deductible)	\$9 generic/\$35 brand
	Annually
Medical	\$ 16,608.00
Dental - Incentive	\$ 1,176.00
Vision	\$ 265.20
Total	\$ 18,049.20
District Contribution (\$5000+50%)	\$ 11,524.60
Employee	\$ 6,524.60
10 month pays	\$ 652.46
11 month pays	\$ 593.15
12 months pays	\$ 543.72

90C (Package 3)

Blue Cross PPO	90% \$20 Copay
Group #	40332A/C
Deductible	\$200/\$500
Max Out of Pocket	\$1,000/\$3,000
Rx (no deductible)	\$9 generic/\$35 brand
	Annually
Medical	\$ 18,828.00
Dental - Incentive	\$ 1,176.00
Vision	\$ 265.20
Total	\$ 20,269.20
District Contribution (\$5000+50%)	\$ 12,634.60
Employee	\$ 7,634.60
10 month pays	\$ 763.46
11 month pays	\$ 694.05
12 months pays	\$ 636.22

100A (Package 4)

Blue Cross PPO	100% \$20 Copay
Group #	40332E/F
Deductible	NA
Max Out of Pocket	\$1,000/\$3,000
Rx (no deductible)	\$9 generic/\$35 brand
	Annually
Medical	\$ 20,556.00
Dental - Incentive	\$ 1,176.00
Vision	\$ 265.20
Total	\$ 21,997.20
District Contribution (\$5000+50%)	\$ 13,498.60
Employee	\$ 8,498.60
10 month pays	\$ 849.86
11 month pays	\$ 772.60
12 months pays	\$ 708.22

80M (Package 5)

Blue Cross PPO	80% \$40 Copay
Group #	40393A/B
Deductible	\$3,000/\$6,000
Max Out of Pocket	\$4,000/\$8,000
Rx (w/deductible)	\$200/\$500 for brand drugs \$15 generic drugs
	Annually
Medical	\$ 12,636.00
Dental - PPO	\$ 1,371.60
Vision	\$ 265.20
Total	\$ 14,272.80
District Contribution (\$5000+50%)	\$ 9,636.40
Employee	\$ 4,636.40
10 month pays	\$ 463.64
11 month pays	\$ 421.49
12 months pays	\$ 386.37

80G (Package 6)

Blue Cross PPO	80% \$30 Copay
Group #	40317H/J
Deductible	\$500/\$1,000
Max Out of Pocket	\$2,000/\$4,000
Rx (no deductible)	\$9 generic/\$35 brand
	Annually
Medical	\$ 16,608.00
Dental - PPO	\$ 1,371.60
Vision	\$ 265.20
Total	\$ 18,244.80
District Contribution (\$5000+50%)	\$ 11,622.40
Employee	\$ 6,622.40
10 month pays	\$ 662.24
11 month pays	\$ 602.04
12 months pays	\$ 551.87

90C (Package 7)

Blue Cross PPO	90% \$20 Copay
Group #	40332A/C
Deductible	\$200/\$500
Max Out of Pocket	\$1,000/\$3,000
Rx (no deductible)	\$9 generic/\$35 brand
	Annually
Medical	\$ 18,828.00
Dental - PPO	\$ 1,371.60
Vision	\$ 265.20
Total	\$ 20,464.80
District Contribution (\$5000+50%)	\$ 12,732.40
Employee	\$ 7,732.40
10 month pays	\$ 773.24
11 month pays	\$ 702.95
12 months pays	\$ 644.37

100A (Package 8)

Blue Cross PPO	100% \$20 Copay
Group #	40332E/F
Deductible	NA
Max Out of Pocket	\$1,000/\$3,000
Rx (no deductible)	\$9 generic/\$35 brand
	Annually
Medical	\$ 20,556.00
Dental - PPO	\$ 1,371.60
Vision	\$ 265.20
Total	\$ 22,192.80
District Contribution (\$5000+50%)	\$ 13,596.40
Employee	\$ 8,596.40
10 month pays	\$ 859.64
11 month pays	\$ 781.49
12 months pays	\$ 716.37

Deductibles have a 4th quarter carryover.

Out of Packet maximum does not have a 4th quarter carryover.

The Out of Pocket limit is the most you could pay during a coverage period for your share of the cost for covered services.

Out of Pocket expenses include all deductibles, copays and coinsurance.