

**2020-21 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	\$ 11,928.00
Dental - Incentive	\$ 1,176.00
Vision	\$ 265.20
<b>Total</b>	<b>\$ 13,369.20</b>
District Contribution (\$5000+50%)	\$ 9,184.60
Employee	\$ 4,184.60
10 month pays	\$ 418.46
11 month pays	\$ 380.42
12 months pays	\$ 348.72

**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	\$ 15,744.00
Dental - Incentive	\$ 1,176.00
Vision	\$ 265.20
<b>Total</b>	<b>\$ 17,185.20</b>
District Contribution (\$5000+50%)	\$ 11,092.60
Employee	\$ 6,092.60
10 month pays	\$ 609.26
11 month pays	\$ 553.87
12 months pays	\$ 507.72

**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	\$ 17,856.00
Dental - Incentive	\$ 1,176.00
Vision	\$ 265.20
<b>Total</b>	<b>\$ 19,297.20</b>
District Contribution (\$5000+50%)	\$ 12,148.60
Employee	\$ 7,148.60
10 month pays	\$ 714.86
11 month pays	\$ 649.87
12 months pays	\$ 595.72

**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	\$ 19,500.00
Dental - Incentive	\$ 1,176.00
Vision	\$ 265.20
<b>Total</b>	<b>\$ 20,941.20</b>
District Contribution (\$5000+50%)	\$ 12,970.60
Employee	\$ 7,970.60
10 month pays	\$ 797.06
11 month pays	\$ 724.60
12 months pays	\$ 664.22

**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	\$ 11,928.00
Dental - PPO	\$ 1,371.60
Vision	\$ 265.20
<b>Total</b>	<b>\$ 13,564.80</b>
District Contribution (\$5000+50%)	\$ 9,282.40
Employee	\$ 4,282.40
10 month pays	\$ 428.24
11 month pays	\$ 389.31
12 months pays	\$ 356.87

**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	\$ 15,744.00
Dental - PPO	\$ 1,371.60
Vision	\$ 265.20
<b>Total</b>	<b>\$ 17,380.80</b>
District Contribution (\$5000+50%)	\$ 11,190.40
Employee	\$ 6,190.40
10 month pays	\$ 619.04
11 month pays	\$ 562.76
12 months pays	\$ 515.87

**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	\$ 17,856.00
Dental - PPO	\$ 1,371.60
Vision	\$ 265.20
<b>Total</b>	<b>\$ 19,492.80</b>
District Contribution (\$5000+50%)	\$ 12,246.40
Employee	\$ 7,246.40
10 month pays	\$ 724.64
11 month pays	\$ 658.76
12 months pays	\$ 603.87

**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	\$ 19,500.00
Dental - PPO	\$ 1,371.60
Vision	\$ 265.20
<b>Total</b>	<b>\$ 21,136.80</b>
District Contribution (\$5000+50%)	\$ 13,068.40
Employee	\$ 8,068.40
10 month pays	\$ 806.84
11 month pays	\$ 733.49
12 months pays	\$ 672.37

*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.*