

BELGRADE SCHOOL DISTRICT PACIFICSOURCE MEDICAL PLAN RATES
SEPTEMBER 1, 2020 - AUGUST 31, 2021
9 MONTH EMPLOYEES

\$1,500 Deductible - Major Medical - \$100 Prescription Deductible							
Deductible: \$1,500/\$3,000		Coinsurance: 80% - 20%		Out-of-Pocket Max: \$3,750/\$7,500			
20/21 Plan Year	Employee Health Cost	9 Month Employee Health Cost	9 Month District Contribution	9 Month Total Health Cost	Employee Dental Cost	Employee Vision Cost	Total 9 Month Employee Health, Dental and Vision
\$1,500 Deductible	12 Month Rate	(12 month rate X 12) ÷ 9			9 Month Rate	9 Month Rate	
Single	\$ 329.88	\$ 439.84	\$ 640.00	\$ 1,079.84	\$ 57.01	\$ 7.73	\$ 504.58
Two Party	\$ 915.59	\$ 1,220.79	\$ 881.33	\$ 2,102.12	\$ 114.05	\$ 15.48	\$ 1,350.32
Parent/Child(ren)	\$ 650.62	\$ 867.49	\$ 853.33	\$ 1,720.82	\$ 119.31	\$ 17.03	\$ 1,003.83
Family	\$ 1,361.56	\$ 1,815.41	\$ 1,042.67	\$ 2,858.08	\$ 184.73	\$ 24.76	\$ 2,024.90

\$3,500 High Deductible Health Plan (HDHP) HSA Eligible							
Deductible: \$3,500/\$7,000		100% after Deductible		Out-of-Pocket Max: \$3,500/\$7,000			
\$3,500 High Deductible	Employee Health Cost	9 Month Employee Health Cost	9 Month District Contribution	9 Month Total Health Cost	Employee Dental Cost	Employee Vision Cost	Total 9 Month Employee Health, Dental and Vision
	12 Month Rate	(12 month rate X 12) ÷ 9			9 Month Rate	9 Month Rate	
Single	\$ 179.31	\$ 239.08	\$ 640.00	\$ 879.08	\$ 57.01	\$ 7.73	\$ 303.82
Two Party	\$ 622.43	\$ 829.91	\$ 881.33	\$ 1,711.24	\$ 114.05	\$ 15.48	\$ 959.44
Parent/Child(ren)	\$ 410.64	\$ 547.52	\$ 853.33	\$ 1,400.85	\$ 119.31	\$ 17.03	\$ 683.86
Family	\$ 962.98	\$ 1,283.97	\$ 1,042.67	\$ 2,326.64	\$ 184.73	\$ 24.76	\$ 1,493.46

\$6,500 High Deductible Health Plan (HDHP) HSA Eligible							
Deductible: \$6,500/\$13,000		100% after Deductible		Out-of-Pocket Max: \$6,500/\$13,000			
\$6,500 High Deductible	Employee Health Cost	9 Month Employee Health Cost	9 Month District Contribution	9 Month Total Health Cost	Employee Dental Cost	Employee Vision Cost	Total 9 Month Employee Health, Dental and Vision
	12 Month Rate	(12 month rate X 12) ÷ 9			9 Month Rate	9 Month Rate	
Single	\$ 92.90	\$ 123.87	\$ 640.00	\$ 763.87	\$ 57.01	\$ 7.73	\$ 188.61
Two Party	\$ 454.27	\$ 605.69	\$ 881.33	\$ 1,487.02	\$ 114.05	\$ 15.48	\$ 735.22
Parent/Child(ren)	\$ 273.00	\$ 364.00	\$ 853.33	\$ 1,217.33	\$ 119.31	\$ 17.03	\$ 500.34
Family	\$ 734.37	\$ 979.16	\$ 1,042.67	\$ 2,021.83	\$ 184.73	\$ 24.76	\$ 1,188.65

\$8,150 Catastrophic - NOT Eligible for HSA							
Deductible: \$8,150/\$16,300		100% after Deductible		Out-of-Pocket Max: \$8,150/\$16,300			
\$8,150 High Deductible	Employee Health Cost	9 Month Employee Health Cost	9 Month District Contribution	9 Month Total Health Cost	Employee Dental Cost	Employee Vision Cost	Total 9 Month Employee Health, Dental and Vision
	12 Month Rate	(12 month rate X 12) ÷ 9			9 Month Rate	9 Month Rate	
Single	\$ 61.29	\$ 81.72	\$ 640.00	\$ 721.72	\$ 57.01	\$ 7.73	\$ 146.46
Two Party	\$ 392.73	\$ 523.64	\$ 881.33	\$ 1,404.97	\$ 114.05	\$ 15.48	\$ 653.17
Parent/Child(ren)	\$ 222.61	\$ 296.81	\$ 853.33	\$ 1,150.14	\$ 119.31	\$ 17.03	\$ 433.15
Family	\$ 650.68	\$ 867.57	\$ 1,042.67	\$ 1,910.24	\$ 184.73	\$ 24.76	\$ 1,077.06

Employees who have insurance come out of 9 paychecks will pay a higher premium over those 9 months in order to cover the employee and/or dependents through the 3 summer months.

9 month rates are set by using the 12 month rate multiplied by 12 (months) then divided by 9 (months).