

BELGRADE SCHOOL DISTRICT PACIFCSOURCE MEDICAL PLAN RATES
SEPTEMBER 1, 2019 - AUGUST 31, 2020
12 MONTH EMPLOYEES

\$1,250 Deductible - Major Medical - \$100 Prescription Deductible (10-30-60)

Deductible: \$1,250/\$2,500 Coinsurance: 80% - 20% Out-of-Pocket Max: \$3,500/\$7,000

19/20 Plan Year	Employee Health Cost	District Contribution	Total Health Cost	Employee Dental Cost	Employee Vision Cost	Total Employee Health, Dental and
\$1250 Deductible						
Single	\$ 256.10	\$ 480.00	\$ 736.10	\$ 41.73	\$ 5.28	\$ 303.11
Two Party	\$ 771.96	\$ 661.00	\$ 1,432.96	\$ 83.49	\$ 10.57	\$ 866.02
Parent/Child(ren)	\$ 533.05	\$ 640.00	\$ 1,173.05	\$ 87.33	\$ 11.63	\$ 632.01
Family	\$ 1,166.29	\$ 782.00	\$ 1,948.29	\$ 135.23	\$ 16.91	\$ 1,318.43

\$3,000 High Deductible Health Plan (HDHP) HSA Eligible

Deductible: \$3,000/\$6,000 100% after Deductible Out-of-Pocket Max: \$3,000/\$6,000

\$3,000 High Deductible	Employee Health Cost	District Contribution	Total Health Cost	Employee Dental Cost	Employee Vision Cost	Total Employee Health, Dental and
Single	\$ 158.95	\$ 480.00	\$ 638.95	\$ 41.73	\$ 5.28	\$ 205.96
Two Party	\$ 582.81	\$ 661.00	\$ 1,243.81	\$ 83.49	\$ 10.57	\$ 676.87
Parent/Child(ren)	\$ 378.21	\$ 640.00	\$ 1,018.21	\$ 87.33	\$ 11.63	\$ 477.17
Family	\$ 909.12	\$ 782.00	\$ 1,691.12	\$ 135.23	\$ 16.91	\$ 1,061.26

\$6,000 High Deductible Health Plan (HDHP) HSA Eligible

Deductible: \$6,000/\$12,000 100% after Deductible Out-of-Pocket Max: \$6,000/\$12,000

\$6,000 High Deductible	Employee Health Cost	District Contribution	Total Health Cost	Employee Dental Cost	Employee Vision Cost	Total Employee Health, Dental and
Single	\$ 69.51	\$ 480.00	\$ 549.51	\$ 41.73	\$ 5.28	\$ 116.52
Two Party	\$ 408.74	\$ 661.00	\$ 1,069.74	\$ 83.49	\$ 10.57	\$ 502.80
Parent/Child(ren)	\$ 235.72	\$ 640.00	\$ 875.72	\$ 87.33	\$ 11.63	\$ 334.68
Family	\$ 672.46	\$ 782.00	\$ 1,454.46	\$ 135.23	\$ 16.91	\$ 824.60

\$7,900 Catastrophic - NOT HSA Eligible

Deductible: \$7,900/\$15,800 100% after Deductible Out-of-Pocket Max: \$7,900/\$15,800

\$7,900 High Deductible	Employee Health Cost	District Contribution	Total Health Cost	Employee Dental Cost	Employee Vision Cost	Total Employee Health, Dental and
Single	\$ 19.77	\$ 480.00	\$ 499.77	\$ 41.73	\$ 5.28	\$ 66.78
Two Party	\$ 311.91	\$ 661.00	\$ 972.91	\$ 83.49	\$ 10.57	\$ 405.97
Parent/Child(ren)	\$ 156.45	\$ 640.00	\$ 796.45	\$ 87.33	\$ 11.63	\$ 255.41
Family	\$ 540.80	\$ 782.00	\$ 1,322.80	\$ 135.23	\$ 16.91	\$ 692.94