

BELGRADE SCHOOL DISTRICT PACIFCSOURCE MEDICAL PLAN RATES
SEPTEMBER 1, 2019 - AUGUST 31, 2020
9 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	9 Month Employee Health Cost	9 Month Employee District Contribution	9 Month Employee Total Health Cost	Employee Dental Cost	Employee Vision Cost	Total 9 Month Employee Health, Dental and Vision
\$1,250 Deductible	12 Month Rate	(12 month rate X 12) ÷ 9			9 Month Rate	9 Month Rate	
Single	\$ 256.10	\$ 341.47	\$ 640.00	\$ 981.47	\$ 55.64	\$ 7.04	\$ 404.15
Two Party	\$ 771.96	\$ 1,029.28	\$ 881.33	\$ 1,910.61	\$ 111.32	\$ 14.09	\$ 1,154.69
Parent/Child(ren)	\$ 533.05	\$ 710.73	\$ 853.33	\$ 1,564.06	\$ 116.44	\$ 15.51	\$ 842.68
Family	\$ 1,166.29	\$ 1,555.05	\$ 1,042.67	\$ 2,597.72	\$ 180.31	\$ 22.55	\$ 1,757.91

\$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	9 Month Employee Health Cost	9 Month Employee District Contribution	9 Month Employee 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	\$ 158.95	\$ 211.93	\$ 640.00	\$ 851.93	\$ 55.64	\$ 7.04	\$ 274.61
Two Party	\$ 582.81	\$ 777.08	\$ 881.33	\$ 1,658.41	\$ 111.32	\$ 14.09	\$ 902.49
Parent/Child(ren)	\$ 378.21	\$ 504.28	\$ 853.33	\$ 1,357.61	\$ 116.44	\$ 15.51	\$ 636.23
Family	\$ 909.12	\$ 1,212.16	\$ 1,042.67	\$ 2,254.83	\$ 180.31	\$ 22.55	\$ 1,415.02

\$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	9 Month Employee Health Cost	9 Month Employee District Contribution	9 Month Employee 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	\$ 69.51	\$ 92.68	\$ 640.00	\$ 732.68	\$ 55.64	\$ 7.04	\$ 155.36
Two Party	\$ 408.74	\$ 544.99	\$ 881.33	\$ 1,426.32	\$ 111.32	\$ 14.09	\$ 670.40
Parent/Child(ren)	\$ 235.72	\$ 314.29	\$ 853.33	\$ 1,167.62	\$ 116.44	\$ 15.51	\$ 446.24
Family	\$ 672.46	\$ 896.61	\$ 1,042.67	\$ 1,939.28	\$ 180.31	\$ 22.55	\$ 1,099.47

\$7,900 Catastrophic - NOT Eligible for HSA							
Deductible: \$7,900/\$15,800		100% after Deductible		Out-of-Pocket Max: \$7,900/\$15,800			
\$7,900 High Deductible	Employee Health Cost	9 Month Employee Health Cost	9 Month Employee District Contribution	9 Month Employee 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	\$ 19.77	\$ 26.36	\$ 640.00	\$ 666.36	\$ 55.64	\$ 7.04	\$ 89.04
Two Party	\$ 311.91	\$ 415.88	\$ 881.33	\$ 1,297.21	\$ 111.32	\$ 14.09	\$ 541.29
Parent/Child(ren)	\$ 156.45	\$ 208.60	\$ 853.33	\$ 1,061.93	\$ 116.44	\$ 15.51	\$ 340.55
Family	\$ 540.80	\$ 721.07	\$ 1,042.67	\$ 1,763.74	\$ 180.31	\$ 22.55	\$ 923.93

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).