

**BELGRADE SCHOOL DISTRICT MUST MEDICAL PLAN RATES**

**SEPTEMBER 1, 2021 - AUGUST 31, 2022**

**12 MONTH EMPLOYEES**

**\$1,500 Deductible - Major Medical - Pharmacy Max Out-of-Pocket \$1,650/\$3,300**

Deductible: \$1,500/\$3,000      Coinsurance: 80% - 20%      Out-of-Pocket Max: \$3,000/\$6,000

<b>21/22 Plan Year \$1500 Deductible</b>	Employee Health Cost	District Contribution	Total Health Cost	Employee Dental Cost	Employee Vision Cost	Total Employee Health, Dental and Vision
Single	\$ 154.00	\$ 480.00	\$ 634.00	\$ 38.00	\$ 7.00	\$ 199.00
Two Party	\$ 607.00	\$ 661.00	\$ 1,268.00	\$ 75.00	\$ 15.00	\$ 697.00
Parent/Child(ren)	\$ 406.00	\$ 640.00	\$ 1,046.00	\$ 78.00	\$ 10.00	\$ 494.00
Family	\$ 930.00	\$ 782.00	\$ 1,712.00	\$ 116.00	\$ 16.00	\$ 1,062.00

**\$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

<b>\$3,500 High Deductible</b>	Employee Health Cost	District Contribution	Total Health Cost	Employee Dental Cost	Employee Vision Cost	Total Employee Health, Dental and Vision
Single	\$ 87.00	\$ 480.00	\$ 567.00	\$ 38.00	\$ 7.00	\$ 132.00
Two Party	\$ 473.00	\$ 661.00	\$ 1,134.00	\$ 75.00	\$ 15.00	\$ 563.00
Parent/Child(ren)	\$ 295.00	\$ 640.00	\$ 935.00	\$ 78.00	\$ 10.00	\$ 383.00
Family	\$ 749.00	\$ 782.00	\$ 1,531.00	\$ 116.00	\$ 16.00	\$ 881.00

**\$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

<b>\$6,000 High Deductible</b>	Employee Health Cost	District Contribution	Total Health Cost	Employee Dental Cost	Employee Vision Cost	Total Employee Health, Dental and Vision
Single	\$ 13.00	\$ 480.00	\$ 493.00	\$ 38.00	\$ 7.00	\$ 58.00
Two Party	\$ 325.00	\$ 661.00	\$ 986.00	\$ 75.00	\$ 15.00	\$ 415.00
Parent/Child(ren)	\$ 173.00	\$ 640.00	\$ 813.00	\$ 78.00	\$ 10.00	\$ 261.00
Family	\$ 549.00	\$ 782.00	\$ 1,331.00	\$ 116.00	\$ 16.00	\$ 681.00

**Vision only Coverage (Not taking Medical Coverage)**

This premium includes 1 eye exam that would be covered under Medical insurance if you enrolled in Medical as well.

Single	\$ 10.00
Two Party	\$ 21.00
Parent/Child(ren)	\$ 14.00
Family	\$ 22.00

**Dental only Coverage (Not taking Medical Coverage)**

Premium does not differ if you are enrolled in Medical or not.

Single	\$ 38.00
Two Party	\$ 75.00
Parent/Child(ren)	\$ 78.00
Family	\$ 116.00