

**BELGRADE SCHOOL DISTRICT MUST MEDICAL PLAN RATES
SEPTEMBER 1, 2021 - AUGUST 31, 2022
9 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

21/22 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
\$1500 Deductible	12 Month Rate	(12 month rate X 12) ÷ 9			9 Month Rate	9 Month Rate	
Single	\$ 154.00	\$ 205.33	\$ 640.00	\$ 845.33	\$ 50.67	\$ 9.33	\$ 265.33
Two Party	\$ 607.00	\$ 809.33	\$ 881.33	\$ 1,690.66	\$ 100.00	\$ 20.00	\$ 929.33
Parent/Child(ren)	\$ 406.00	\$ 541.33	\$ 853.33	\$ 1,394.66	\$ 104.00	\$ 13.33	\$ 658.66
Family	\$ 930.00	\$ 1,240.00	\$ 1,042.67	\$ 2,282.67	\$ 154.67	\$ 21.33	\$ 1,416.00

\$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

\$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	\$ 87.00	\$ 116.00	\$ 640.00	\$ 756.00	\$ 50.67	\$ 9.33	\$ 176.00
Two Party	\$ 473.00	\$ 630.67	\$ 881.33	\$ 1,512.00	\$ 100.00	\$ 20.00	\$ 750.67
Parent/Child(ren)	\$ 295.00	\$ 393.33	\$ 853.33	\$ 1,246.66	\$ 104.00	\$ 13.33	\$ 510.66
Family	\$ 749.00	\$ 998.67	\$ 1,042.67	\$ 2,041.34	\$ 154.67	\$ 21.33	\$ 1,174.67

\$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 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	\$ 13.00	\$ 17.33	\$ 640.00	\$ 657.33	\$ 50.67	\$ 9.33	\$ 77.33
Two Party	\$ 325.00	\$ 433.33	\$ 881.33	\$ 1,314.66	\$ 100.00	\$ 20.00	\$ 553.33
Parent/Child(ren)	\$ 173.00	\$ 230.67	\$ 853.33	\$ 1,084.00	\$ 104.00	\$ 13.33	\$ 348.00
Family	\$ 549.00	\$ 732.00	\$ 1,042.67	\$ 1,774.67	\$ 154.67	\$ 21.33	\$ 908.00

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	\$ 13.33
Two Party	\$ 28.00
Parent/Child(ren)	\$ 18.67
Family	\$ 29.33

Dental only Coverage (Not taking Medical Coverage)

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

Single	\$ 50.67
Two Party	\$ 100.00
Parent/Child(ren)	\$ 104.00
Family	\$ 154.67

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).