

BELGRADE SCHOOL DISTRICT MUST MEDICAL PLAN RATES

SEPTEMBER 1, 2023 - AUGUST 31, 2024

12 MONTH EMPLOYEES - Monthly Rates

\$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

23/24 Plan Year	Employee	District	Total Health	Employee Dental	Employee	Total Employee Health,
\$1500 Deductible	Health Cost	Contribution	Cost	Cost BASIC -	Vision Cost	Basic Dental and Vision
				\$1500		
Employee	\$ 289.00	\$ 480.00	\$ 769.00	\$ 38.00	\$ 10.00	\$ 337.00
Employee/Spouse	\$ 877.00	\$ 661.00	\$ 1,538.00	\$ 75.00	\$ 21.00	\$ 973.00
Employee/Child(ren)	\$ 629.00	\$ 640.00	\$ 1,269.00	\$ 78.00	\$ 14.00	\$ 721.00
Employee + Family	\$ 1,294.00	\$ 782.00	\$ 2,076.00	\$ 116.00	\$ 22.00	\$ 1,432.00

\$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	District	Total Health	Employee Dental	Employee	Total Employee Health,
	Health Cost	Contribution	Cost	Cost BASIC -	Vision Cost	Basic Dental and Vision
				\$1500		
Employee	\$ 173.00	\$ 480.00	\$ 653.00	\$ 38.00	\$ 10.00	\$ 221.00
Employee/Spouse	\$ 645.00	\$ 661.00	\$ 1,306.00	\$ 75.00	\$ 21.00	\$ 741.00
Employee/Child(ren)	\$ 437.00	\$ 640.00	\$ 1,077.00	\$ 78.00	\$ 14.00	\$ 529.00
Employee + Family	\$ 981.00	\$ 782.00	\$ 1,763.00	\$ 116.00	\$ 22.00	\$ 1,119.00

\$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

\$6,000 High Deductible	Employee	District	Total Health	Employee Dental	Employee	Total Employee Health,
	Health Cost	Contribution	Cost	Cost BASIC -	Vision Cost	Basic Dental and Vision
				\$1500		
Employee	\$ 96.00	\$ 480.00	\$ 576.00	\$ 38.00	\$ 10.00	\$ 144.00
Employee/Spouse	\$ 491.00	\$ 661.00	\$ 1,152.00	\$ 75.00	\$ 21.00	\$ 587.00
Employee/Child(ren)	\$ 310.00	\$ 640.00	\$ 950.00	\$ 78.00	\$ 14.00	\$ 402.00
Employee + Family	\$ 773.00	\$ 782.00	\$ 1,555.00	\$ 116.00	\$ 22.00	\$ 911.00

Dental Coverage Enhanced Plan Option

\$2500 Per person on the plan (Additional \$1000 in plan coverages)

Employee	\$ 43.00
Employee/Spouse	\$ 85.00
Employee/Child(ren)	\$ 88.00
Employee + Family	\$ 131.00