

**BELGRADE SCHOOL DISTRICT MUST MEDICAL PLAN RATES**  
**SEPTEMBER 1, 2023 - AUGUST 31, 2024**  
**9 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

23/22 Plan Year	Employee Health Cost	9 Month Employee Health Cost	9 Month District Contribution	9 Month Total Health Cost	Employee Dental Cost BASIC - \$1500	Employee Vision Cost	Total 9 Month Employee Health, Basic Dental and Vision
	12 Month Rate	(12 month rate X 12) ÷ 9			9 Month Rate	9 Month Rate	
<b>\$1500 Deductible</b>							
Employee	\$ 289.00	\$ 385.33	\$ 640.00	\$ 1,025.33	\$ 50.67	\$ 13.33	\$ 449.33
Employee/Spouse	\$ 877.00	\$ 1,169.33	\$ 881.33	\$ 2,050.66	\$ 100.00	\$ 28.00	\$ 1,297.33
Employee/Child(ren)	\$ 629.00	\$ 838.67	\$ 853.33	\$ 1,692.00	\$ 104.00	\$ 18.67	\$ 961.34
Employee + Family	\$ 1,294.00	\$ 1,725.33	\$ 1,042.67	\$ 2,768.00	\$ 154.67	\$ 29.33	\$ 1,909.33

**\$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 BASIC - \$1500	Employee Vision Cost	Total 9 Month Employee Health, Basic Dental and Vision
	12 Month Rate	(12 month rate X 12) ÷ 9			9 Month Rate	9 Month Rate	
Employee	\$ 173.00	\$ 230.67	\$ 640.00	\$ 870.67	\$ 50.67	\$ 13.33	\$ 294.67
Employee/Spouse	\$ 645.00	\$ 860.00	\$ 881.33	\$ 1,741.33	\$ 100.00	\$ 28.00	\$ 988.00
Employee/Child(ren)	\$ 437.00	\$ 582.67	\$ 853.33	\$ 1,436.00	\$ 104.00	\$ 18.67	\$ 705.34
Employee + Family	\$ 981.00	\$ 1,308.00	\$ 1,042.67	\$ 2,350.67	\$ 154.67	\$ 29.33	\$ 1,492.00

**\$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 Health Cost	9 Month Employee Health Cost	9 Month District Contribution	9 Month Total Health Cost	Employee Dental Cost BASIC - \$1500	Employee Vision Cost	Total 9 Month Employee Health, Basic Dental and Vision
	12 Month Rate	(12 month rate X 12) ÷ 9			9 Month Rate	9 Month Rate	
Employee	\$ 96.00	\$ 128.00	\$ 640.00	\$ 768.00	\$ 50.67	\$ 13.33	\$ 192.00
Employee/Spouse	\$ 491.00	\$ 654.67	\$ 881.33	\$ 1,536.00	\$ 100.00	\$ 28.00	\$ 782.67
Employee/Child(ren)	\$ 310.00	\$ 413.33	\$ 853.33	\$ 1,266.66	\$ 104.00	\$ 18.67	\$ 536.00
Employee + Family	\$ 773.00	\$ 1,030.67	\$ 1,042.67	\$ 2,073.34	\$ 154.67	\$ 29.33	\$ 1,214.67

**Dental Coverage Enhanced Plan Option**

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

Employee	\$ 57.33
Employee/Spouse	\$ 113.33
Employee/Child(ren)	\$ 117.33
Employee + Family	\$ 174.67

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).