



2025-2026 Pre-65 Retiree Health Plan Options

Non-Qualified Health Plan			HSA Qualified High-Deductible Health Plan			HSA Qualified High-Deductible Health Plan					
ER Copay Deductible *		\$1,000 PPO	ER Copay Deductible ^		\$1,700 HDHP	ER Copay Deductible ^		\$2,500 HDHP			
		In Network		OON			In-Network	OON		In-Network	OON
		\$150		\$150			n/a	n/a		n/a	n/a
	Single	\$1,000		\$2,000	Single		\$1,700	\$5,000	Single	\$2,500	\$5,000
		Family		\$2,000			\$4,000	Not Single		\$3,400	\$10,000
	Coinsurance	20%		50%	Coinsurance		20%	50%	Coinsurance	20%	50%
	OOP Maximum				OOP Maximum				OOP Maximum		
	Single	\$4,000		\$8,000	Single		\$4,500	\$10,000	Single	\$6,000	\$10,000
Family		\$8,000	\$16,000	Not Single ^^		\$9,000	\$20,000	Not Single ^^		\$12,000	\$20,000
Pharmacy Retail	\$10/20% + \$15/30% + \$20		Pharmacy Retail	20% after deductible		Pharmacy Retail	20% after deductible				
Pharmacy Mail	\$0/20%/30% + \$15		Pharmacy Mail Progra	20% after deductible		Pharmacy Mail Progra	20% after deductible				
Pharmacy Specialty Rx	\$10/20% + \$15/30% + \$20		Pharmacy Specialty Rx	20% after deductible		Pharmacy Specialty Rx	20% after deductible				

Preventative Procedures Covered at 100% In-network

Preventative Procedures Covered at 100% In-network

Preventative Procedures Covered at 100% In-network

Out of Pocket maximum includes deductibles and Medical and Pharmacy copays. Pharmacy counts towards in-network only.

Out of Pocket maximum includes deductibles for Medical and Pharmacy. Pharmacy counts towards in-network only.

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*** Deductible:**

If you have family coverage, any combination of covered family members can help meet the maximum family deductible, up to each person's individual amount.

^ Deductible:

If you have family coverage, any combination of covered family members can help meet the maximum family deductible.

^^ Not Single In-Network Out-of-Pocket Maximum:

\$6,850 PPO Maximum amount that any one person will satisfy towards the annual family OOP in-network only.

PLEASE NOTE:

- The \$1,000 PPO Plan has a **medical-only** deductible with pharmacy benefits covered immediately based on a tiered coverage structure. The \$1,000 PPO Plan does qualify for a Flex Spending Account with pre-tax contributions.
- The \$1,700/\$3,400 and \$2,500/\$5,000 HDHP have a combined **medical and pharmacy** deductible. The entire deductible, for single or family enrollment, must be met for pharmacy benefits to begin. The HDHPs qualify for a Health Savings Account and pre-tax contributions.
- All plans cover in-network preventative/wellness care and procedures at 100% with the deductible waived.

Stand-Alone Dental & Vision Plans

*Deductible: Single Two-Party	Dental	
	\$50	
	\$100	
	100% (Ded waived)	
	80%	
	80%	
	80%	
Diagnostic/Preventive		
Basic Services		
Major Services		
Orthodontic		
Annual Benefit Maximum		\$2,000 per person
Lifetime Ortho Maximum		\$1,500 per person
** or	Vision	
	100%	
	100% to \$350 Max	
	100% to \$200 Max	
	100% to \$350 Max	

Medical enrollment is not required to maintain Dental and/or Vision coverages.

One set of frames and lenses for glasses **OR one order of elective contact lenses allowed per plan

*Deductible: If you have two-party coverage, any combination of covered members can help meet the maximum two-party deductible, up to each person's individual amount.

Flexible Spending Account (FSA)	
Plan Year 9/2023 - 8/2024	
Max Contribution	\$ 3,050

Health Savings Account	
Calendar Year 2023	
Max Contribution	\$ 3,850
	\$ 7,750
Catch-up (55+)	\$ 1,000
Calendar Year 2024	
Max Contribution	\$ 4,150
	\$ 8,300
Catch-up (55+)	\$ 1,000

nt (HSA)
23
Individual Family
24
Individual Family

Health Savings Account (HSA)		
Calendar Year 2023		
Max Contribut	\$ 3,850	Individual
	\$ 7,750	Family
Catch-up (55+	\$ 1,000	
Calendar Year 2024		
Max Contribut	\$ 4,150	Individual
	\$ 8,300	Family
Catch-up (55+	\$ 1,000	

Sweetwater County School District # 1 - Health Insurance Plan Options - Plan Year 9/2017 to 8/2018

Employee Information

Current Health Plan Grandfathered Plan			Option C Health Plan (Keeps Grandfathered Status)			Option D Health Plan			Option E Health Plan			Option F Health Plan			Option G Health Plan		
Current Design			Plan C			Plan D			Plan E			Plan F			Plan G		
In-Network			In Network			In Network			In Network			In Network			In Network		
OON			OON			OON			OON			OON			OON		
OV Copay	n/a	n/a	OV Copay	n/a	n/a	OV Copay	n/a	n/a	OV Copay	n/a	n/a	OV Copay	n/a	n/a	OV Copay	n/a	n/a
ER Surcharge	\$45	\$45	ER Surcharge	\$45	\$45	ER Surcharge	\$100	\$100	ER Surcharge	\$45	\$45	ER Surcharge	\$100	\$100	ER Surcharge	\$100	\$100
Urgent Care	20%	40%	Urgent Care	20%	40%	Urgent Care	20%	40%	Urgent Care	20%	40%	Urgent Care	20%	40%	Urgent Care	20%	50%
Deductible *			Deductible *			Deductible *			Deductible *			Deductible *			Deductible *		
Single	\$400 Combined w/Dental		Single	\$545 Combined w/Dental		Single	\$700	\$1,400	Single	\$700	\$1,400	Single	\$1,000	\$2,000	Single	\$1,200	\$2,400
Family	\$800 Combined w/Dental		Family	\$1,089 Combined w/Dental		Family	\$1,400	\$2,800	Family	\$1,400	\$2,800	Family	\$2,000	\$4,000	Family	\$2,400	\$4,800
Coinurance	20%	40%	Coinurance	20%	40%	Coinurance	20%	40%	Coinurance	20%	40%	Coinurance	20%	40%	Coinurance	20%	50%
OOP Maximum			OOP Maximum			OOP Maximum			OOP Maximum			OOP Maximum			OOP Maximum		
Single	\$2,000	\$2,000	Single	\$2,724	\$2,724	Single	\$2,500	\$5,000	Single	\$2,500	\$5,000	Single	\$4,000	\$8,000	Single	\$5,000	\$10,000
Family	\$4,000	\$4,000	Family	\$5,447	\$5,447	Family	\$5,000	\$10,000	Family	\$5,000	\$10,000	Family	\$8,000	\$16,000	Family	\$10,000	\$20,000
Pharmacy	\$0/20%/30%+\$15		Pharmacy	\$0/20%/30% + \$15		Pharmacy	\$0/20%/30% + \$15		Pharmacy	\$5/20%/30% + \$15		Pharmacy	\$10/20%/30% + \$15		Pharmacy	\$10/20%/30% + \$15	
			% Reduction-A/P65/O65	-1.83% (Medical Only)		% Reduction-A/P65/O65	-4.73% (Medical Only)		% Reduction-A/P65/O65	-9.04% (Medical and Rx)		% Reduction-A/P65/O65	-12.77% (Medical and Rx)		% Reduction-A/P65/O65	-16.29% (Medical and Rx)	
			% Reduction-A/P65			% Reduction-A/P65	-4.42% (Medical Only)		% Reduction-A/P65	-7.62% (Medical and Rx)		% Reduction-A/P65	-10.66% (Medical and Rx)		% Reduction-A/P65	-13.98% (Medical and Rx)	
Flexible Spending Account			Flexible Spending Account			Flexible Spending Account			Flexible Spending Account			Flexible Spending Account			Flexible Spending Account		
Max Contribution: \$	2,600		Max Contribution: \$	2,600		Max Contribution: \$	2,600		Max Contribution: \$	2,600		Max Contribution: \$	2,600		Max Contribution: \$	2,600	
Preventative Care:			Preventative Care:			Preventative Procedures Covered at 100%.			Preventative Procedures Covered at 100%.			Preventative Procedures Covered at 100%.			Preventative Procedures Covered at 100%.		
Maximum benefit per plan year is \$500.			Maximum benefit per plan year is \$500.			The \$500 maximum benefit limit			The \$500 maximum benefit limit			The \$500 maximum benefit limit			The \$500 maximum benefit limit		
After maximum is satisfied, amount paid by plan is generally 80%.			After maximum is satisfied, amount paid by plan is generally 80%.			does not apply.			does not apply.			does not apply.			does not apply.		
Combined Medical and Dental Deductible			Combined Medical and Dental Deductible			Optional Dental:			Optional Dental:			Optional Dental:			Optional Dental:		
Single deductible limit for family, etc.			Single deductible limit for family, etc.			Deductible - \$50/Individual, \$100/Family			Deductible - \$50/Individual, \$100/Family			Deductible - \$50/Individual, \$100/Family			Deductible - \$50/Individual, \$100/Family		
Medical, Dental, and Vision all included in a single premium			Medical, Dental, and Vision all included in a single premium			Separate Election			Separate Election			Separate Election			Separate Election		
Out of Pocket maximum does not include deductibles or Medical copays.			Out of Pocket maximum does not include deductibles or Medical copays.			Optional Vision:			Optional Vision:			Optional Vision:			Optional Vision:		
						No Change from Current Plan			No Change from Current Plan			No Change from Current Plan			No Change from Current Plan		
						Separate Election			Separate Election			Separate Election			Separate Election		
						Out of Pocket maximum does not include deductibles or Medical copays.			Out of Pocket maximum does not include deductibles or Medical copays.			Out of Pocket maximum includes deductibles and Medical and Pharmacy copays.			Out of Pocket maximum includes deductibles and Medical and Pharmacy copays.		

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