



# FSD145: FEA Healthcare Benefits

**FSD145 Healthcare Benefit Packages: Health, Dental and Vision** (BlueCross BlueShield) - you can select one or all (a la carte). Rates listed are monthly premiums for 2026. Go to [fsd145.org](http://fsd145.org) for other options.

- **Gold:**       **Single** (\$203.31/month)  
                  \$1,000 deductible/\$2,500 out of pocket expense per year \*  
                  **Family** (\$1175.18/month)  
                  \$3,000 deductible/\$5,000 out of pocket expense per year \*
- **Silver:**      **Single** (\$179.23/month)  
                  \$2,000 deductible/\$5,000 out of pocket expense per year \*  
                  **Family** (\$1,072.86/month)  
                  \$6,000 deductible/\$10,000 out of pocket expense per year \*
- **Prescription Services:**  
                  Generic: 100% after \$15 copayment  
                  Preferred (Formulary) Brand Name: 100% after \$30 copayment  
                  Non-Preferred (Non-Formulary) Brand Name: 100% after \$60 copayment  
                  Specialty Drugs: 100% after \$250 copayment  
  
                  Wellness/preventative services covered 100% no deductible with Gold and Silver plans.
- **HSA:**        **Single** (\$178.38/month)  
                  \$3,400 deductible/\$6,800 out of pocket expense per year \*  
                  **Family** (\$752.80/month)  
                  \$6,800 deductible/\$13,600 out of pocket expense per year \*
- **HMO:**        **Single** (\$166.58/month)  
                  \$0 deductible/\$1,500 out of pocket expense per year \*  
                  **Family** (\$1,110.56/month)  
                  \$0 deductible/\$3,000 out of pocket expense per year \*
- **Bronze:**     **Single** (\$102.96/month)  
                  \$3,350 deductible/\$6,450 out of pocket expense per year \*
- **Dental:**     **Single** (\$8.94/month)     \$25.00 deductible  
                  **Family** (\$24.39/month)   \$50.00 deductible maximum per family  
                  Preventative services (cleanings, exams, etc.) covered 100% - no deductible  
                  Calendar year maximum benefit—\$1,000 per person \*
- **Vision:**     **Single** (\$1.07/month)  
                  **Family** (\$3.14/month)  
                  Provided by BCBSIL—EyeMed \*

\*Based on in-network providers.

**MD Live:** 100% coverage for those carrying FSD145 Healthcare Gold and Silver plans. (Excludes prescription costs) No deductible.

**Benefits Value Advisor :** A one-call solution that can help you find quality health care and save money.

**Life Insurance:** District sponsored \$10,000 term life insurance policy while employed with FSD145.

**Flexible Spending Account:** FSD145 provides all regular employees who are scheduled to work 20 hours or more per week the option to participate in a “medical expense” spending account and a “dependent care” spending account. You may not have both an HSA and FSA within a calendar year.

**Reliance Insurance:** offers short-term disability, long-term disability, accident, critical illness and additional life insurance policies. (see flyers in your packet)

## Where to find information:

General Information - [fsd145.org](http://fsd145.org)

Insurance - [fsd145.org/departments/business-and-finance/employee-insurance-information](http://fsd145.org/departments/business-and-finance/employee-insurance-information)

Health Savings Account - [fsd145.org/departments/business-and-finance/hsa-health-spending-account](http://fsd145.org/departments/business-and-finance/hsa-health-spending-account)