HEALTH & DENTAL INSURANCE RATES and PLAN OPTIONS

PLAN TYPE:	Monthly Cost	Monthly District Share	Monthly Employee Share	School Year Salaried Deduction 20 pays	District 20 pays	Employee Annual	District Annual Premiums	District HRA + HSA Contribution for ABSOS & Lumenos Plan	District Total Annual Premiums + HRA & HSA
Delta Dental: Option 6E									
Single 100%	\$69.41	\$69.41	\$0.00	\$0.00	\$41.65	\$0.00	\$832.92		
Two-Person 90%	\$134.36	\$120.92	\$13.44	\$8.06	\$72.55	\$161.23	\$1,451.09		
Family 80%	\$242.49	\$193.99	\$48.50	\$29.10	\$116.40	\$581.98	\$2,327.90		
Access Blue AB5 HMO	cess Blue AB5 HMO \$5 co-pay			RX: \$10 generic, \$20 Tier II, \$45 Tier III					
Single 91.5%	\$1,178.04	\$1,077.91	\$100.13	\$60.08	\$646.74	\$1,201.60	\$12,934.88	n/a	\$12,934.88
Two-Person 86.5%	\$2,356.08	\$2,038.01	\$318.07	\$190.84	\$1,222.81	\$3,816.85	\$24,456.11	n/a	\$24,456.11
Family 86.5%	\$3,180.71	\$2,751.31	\$429.40	\$257.64	\$1,650.79	\$5,152.75	\$33,015.77	n/a	\$33,015.77
Access Blue Site of Service (HRA) \$20 / \$40 with \$1000/ \$3000 Deductible (ABSOS with HRA)									
Single	\$897.90	\$897.90	\$0.00	\$0.00	\$538.74	\$0.00	\$10,774.80	\$1,000.00	\$11,774.80
Two-Person	\$1,795.80	\$1,795.80	\$0.00	\$0.00	\$1,077.48	\$0.00	\$21,549.60	\$2,000.00	\$23,549.60
Family	\$2,424.34	\$2,424.34	\$0.00	\$0.00	\$1,454.60	\$0.00	\$29,092.08	\$3,000.00	\$32,092.08
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Lumenos Health Savings Account (HSA) \$2500 dedu				ctible single / \$5000 deductible 2-person and family լ				plans	
Single	\$907.92	\$907.92	\$0.00	\$0.00	\$544.75	\$0.00	\$10,895.04	\$1,500.00	\$12,395.04
Two-Person	\$1,815.83	\$1,788.01	\$27.82	\$16.69	\$1,072.81	\$333.85	\$21,456.11	\$3,000.00	\$24,456.11
Family	\$2,451.37	\$2,501.31	\$0.00	\$0.00	\$1,500.79	\$0.00	\$30,015.77	\$3,000.00	\$33,015.77
No new enrolleess in PC	OS plan begir	nning with th	ne 2023-2024	contract yea	<u>r</u>				

BlueChoice POS 2-Tier	\$10 co-pay RX: \$10 generic, \$20 Tier II, \$45 Tier									
Single 85.5%	\$1,258.74	\$1,076.22	\$182.52	\$109.51	\$645.73	\$2,190.21	\$12,914.67			
Two-Person 80.5%	\$2,517.47	\$2,026.56	\$490.91	\$294.54	\$1,215.94	\$5,890.88	\$24,318.76			
Family 80.5%	\$3,398.59	\$2,735.86	\$662.73	\$397.64	\$1,641.52	\$7,952.70	\$32,830.38			