

## MEDICAL PLAN



Offering health insurance benefits to our employees is an important component of our overall benefit package. Below is a summary of the plan options that are available to you, this is a brief summary, if you would like additional information about coverage, reference the Summary of Benefit Coverage.

**NOTE:** Employees who are currently enrolled in the medical plan will continue to be enrolled for the 2017-2018 plan year. If you wish to make changes to your plan, including adding or deleting dependents, you must contact the District Office before the end of Open Enrollment.

In-Network Benefits	HSA PLAN \$2,600 - 100% RX Embedded Deductible		TRADITIONAL PLAN \$2,000 - \$25 - 100% Embedded Deductible	
	Preventive Care	100% Coverage		100% Coverage
Non-Preventive Care Visits	100% Coverage after Deductible \$45 Copay - Virtuwell		\$25 Copay - Office Visit \$10 Copay - Convenience Care \$10 Copay - Virtuwell	
Deductible	\$2,600 Per Person or \$5,200 Per Family		\$2,000 Per Person or \$4,000 Per Family	
Prescription Drugs	100% Coverage after Deductible Specific Preventive Drugs: \$12/\$45		\$10 - Generic \$25 - Brand Formulary \$50 - Non-Formulary 20% Coinsurance - Specialty	
Out-of-Pocket Max	\$2,600 Per Person \$5,200 Per Family		\$2,000 Per Person \$4,000 Per Family	
The District HSA Contribution*	\$1,200 Individual Contract \$2,400 Family Contract		N/A	
Monthly Premiums	Single	Family	Single	Family
Total Monthly Premium	\$694.50	\$1,525.72	\$854.18	\$1,876.54
Employees Paying 12% of Premium	\$83.34	\$183.09	\$102.50	\$225.18
Employees Paying 35% of Premium	\$243.08	\$534.00	\$298.96	\$656.79
Employees Paying 40% of Premium	\$277.80	\$610.29	\$341.67	\$750.62
<p>Contact the District Office for questions on which cost sharing category pertains to you. Rates may vary slightly due to rounding</p>				