

Health Insurance Information 2023-24

- \$350 Deductible – 15/35 Co- Insurance (**\$950 Family Deductible – 15/35 Co-Insurance**)
- \$3,250 Out of Pocket Maximum (Health) (**\$6,750 Out of Pocket Maximum for Family-Health**)
- \$0/\$20/\$20/\$40 Physician Co-Pay
- Telehealth / MDLIVE - \$0 Co-Pay
- Diagnostic Lab & X-Ray – 100% for first \$100, then DC
- \$10/\$30/\$60/\$100 Specialty - 100 % Prescription Drug Benefit
- \$2,000 Out of Pocket Maximum (Prescription) (**\$4,000 Out of Pocket Maximum – Family Prescription**)
- Cost to employee for Spouse/Dependent Coverage is as follows:

Health – 6.9% INCREASE

Employee	\$893.50
Spouse	\$1007.95
One Child	\$451.85
2 or more Children	\$660.35
Family	\$1294.75

HAS – 6.9% INCREASE

Employee	\$753.15
Spouse	\$848.50
One Child	\$380.20
2 or more Children	\$555.85
Family	\$1097.15

Dental

The district will cover \$32.10 for the Blue Cross Dental Insurance for the 2023-24 School Year.

The district will cover \$32.10 for the Dental Blue Connect Dental (Willamette), the Willamette Dental premium is higher, there for the difference will be a voluntary deduction for the employee if this plan is chosen.

Blue Cross PPO Dental – NO INCREASE

Employee	\$32.10
Spouse	\$32.10 (deduction for Spouse \$37.30)
One Child	\$32.10 (deduction for One Child \$29.60)
2 or more Children	\$32.10 (deduction for 2 or more Children \$59.70)
Family	\$32.10 (deduction for Family \$90.95)

Dental Blue Connect Dental (Willamette Dental) – 3.2% INCREASE

Employee	\$56.58 - \$32.10 (difference in paid by district deduction \$24.48)
Spouse	\$122.36 - \$32.10 (difference in paid by district deduction \$90.26)
One Child	\$108.80 - \$32.10 (difference in paid by district deduction \$76.70)
2 or more Children	\$161.83 - \$32.10 (difference in paid by district deduction \$129.73)
Family	\$216.87 - \$32.10 (difference in paid by district deduction \$184.77)

Vision - NO district paid vision – ALL vision plans are voluntary deductions to the employee

VSP –NO INCREASE

Employee	\$19.72
Employee/Spouse	\$38.00
Employee & Child (ren)	\$31.52
Employee & Family	\$49.80

EAP – Employee Assistance Program

Employee	\$1.67
Employee/Spouse	\$1.67
Employee & Child (ren)	\$1.67
Employee & Family	\$1.67