

**Eldon R-1 School District  
OSBA Health Benefit Association Trust  
Benefit Plan Options  
Effective July 1, 2016**

**Health Insurance:**

**Option 1:** PPO, \$500 Deductible, 70/30 in network, 50/50 out of network, \$25/\$50 OV Copay, \$200 ER Copay, \$10/\$35/\$60 RX Copay, \$3,500 OOP Maximum.

	Total Premium	Cost to Employee Payroll Deduction @ \$410.91	Cost to Employee Payroll Deduction @ \$325.00
Employee	\$614.48	\$203.57	\$289.48
Empl/Spouse	\$1,228.53	\$817.62	\$903.53
Empl/Child	\$1,074.98	\$664.07	\$749.98
Empl/Family	\$1,689.23	\$1,278.32	\$1,364.23

**Option 2:** PPO, \$1,000 Deductible, 80/20 in network, 50/50 out of network, \$30/\$50 OV Copay, \$200 ER Copay, \$10/\$35/\$75 RX Copay, \$4,000 OOP Maximum.

	Total Premium	Cost to Employee Payroll Deduction @ \$410.91	Cost to Employee Payroll Deduction @ \$325.00
Employee	\$500.41	\$89.50	\$175.41
Empl/Spouse	\$1,000.78	\$589.87	\$675.78
Empl/Child	\$875.70	\$464.79	\$550.70
Empl/Family	\$1,376.07	\$965.16	\$1,051.07

**Option 3:** PPO, \$1,500 Deductible, 80/20 in network, 50/50 out of network, \$30/\$50 OV Copay, \$200 ER Copay, \$10/\$35/\$75 RX Copay, \$4,500 OOP Maximum.

	Total Premium	Cost to Employee Payroll Deduction @ \$410.91	Cost to Employee Payroll Deduction @ \$325.00
Employee	\$480.91	\$70.00	\$155.91
Empl/Spouse	\$961.77	\$550.86	\$636.77
Empl/Child	\$841.54	\$430.63	\$516.54
Empl/Family	\$1,321.98	\$911.07	\$996.98

**Option 4:** PPO, \$2,000 Deductible, 70/30 in network, 50/50 out of network, \$30/\$50 OV Copay, \$200 ER Copay, \$15/\$45/\$75 RX Copay, \$4,500 OOP Maximum.

	Total Premium	Cost to Employee Payroll Deduction @ \$410.91	Cost to Employee Payroll Deduction @ \$325.00
Employee	\$441.63	\$30.72	\$116.63
Empl/Spouse	\$883.22	\$472.31	\$558.22
Empl/Child	\$772.82	\$361.91	\$447.82
Empl/Family	\$1,214.43	\$803.52	\$889.43

**Option 5:** HSA, \$2,600 Individual Embedded Deductible, 80/20 in network, 60/40 out of network, NO OV Copay, NO ER Copay, NO RX Copay;  
 AFTER \$5,000 Individual OOP this plan pays 100%.

	Total Premium	Cost to Employee Payroll Deduction @ \$410.91	Cost to Employee Payroll Deduction @ \$325.00
Employee	\$400.49	-\$10.42 (deposited to HSA account)	\$75.49
Empl/Spouse	\$800.98	\$390.07	\$475.98
Empl/Child	\$700.86	\$289.95	\$375.86
Empl/Family	\$1,101.37	\$690.46	\$776.37

**Option 6:** PPO, \$2500 Deductible, 70/30 in network, 50/50 out of network, \$25/\$50 OV Copay, \$250+30% ER Copay, \$15/\$45/\$75 RX Copay, \$6,000 OOP Maximum.

	Total Premium	Cost to Employee Payroll Deduction @ \$410.91	Cost to Employee Payroll Deduction @ \$325.00
Employee	\$414.35	\$3.44	\$89.35
Empl/Spouse	\$828.66	\$417.75	\$503.66
Empl/Child	\$725.07	\$314.16	\$400.07
Empl/Family	\$1,139.41	\$728.50	\$814.41

**Option 7:** HSA, \$5000 Individual Embedded Deductible, 100% in network, 50/50 out of network, NO OV Copay, NO ER Copay, \$10/\$35/\$75 RX Copay AFTER Deductible Met, \$6050 OOP Maximum.

	Total Premium	Cost to Employee Payroll Deduction @ \$410.91	Cost to Employee Payroll Deduction @ \$325.00
Employee	\$374.62	-\$36.29 (deposited to HSA account)	\$49.62
Empl/Spouse	\$749.21	\$338.30	\$424.21
Empl/Child	\$655.56	\$244.65	\$330.56
Empl/Family	\$1,029.83	\$618.92	\$704.83

**\*\*NOTE:** The above is informational only. Please refer to online information and pricing during enrollment for actual coverage and rates.