

**Eldon R-1 School District  
OSBA Health Benefit Association Trust  
Health Insurance Benefit Plan Options  
Effective July 1, 2019**

**PPO OPTIONS**

**\$1,000 Deductible PPO** In Network Benefits: \$1,000 Single/\$3,000 Fam Deductible, Cost-share 80/20, Copay's: \$30/\$50 OV Copay, \$250 ER/\$75 Urgent Care, RX \$15/\$45/\$75/25%, OOP Maximum: \$4,000 Single/\$8,000 Fam. **\*Live Health Online \$10 Copay.**

	Total Premium	Cost to Employee Payroll Deduction @ \$410.91	Cost to Employee Payroll Deduction @ \$325.00
Employee	\$585.21	\$174.30	\$260.21
Emp/Spouse	\$1,228.94	\$818.03	\$903.94
Emp/Child	\$892.45	\$481.54	\$567.45
Emp/Children	\$1,038.75	\$627.84	\$713.75
Emp/Family	\$1,623.96	\$1,213.05	\$1,298.96

**\$1,500 Deductible PPO** In Network Benefits: \$1,500 Single/\$4,500 Fam Deductible, Cost-share 80/20, Copay's: \$30/\$50 OV Copay, \$250 ER/\$75 Urgent Care, RX \$15/\$45/\$75/25%, OOP Maximum: \$4,500 Single/\$9,000 Fam. **\*Live Health Online \$10 Copay.**

	Total Premium	Cost to Employee Payroll Deduction @ \$410.91	Cost to Employee Payroll Deduction @ \$325.00
Employee	\$551.60	\$140.69	\$226.60
Emp/Spouse	\$1,158.36	\$747.45	\$833.36
Emp/Child	\$841.19	\$430.28	\$516.19
Emp/Children	\$979.09	\$568.18	\$654.09
Emp/Family	\$1,530.69	\$1,119.78	\$1,205.69

**\$2,000 Deductible PPO** In Network Benefits: \$2,000 Single/\$6,000 Fam Deductible, Cost-share 70/30, Copay's: \$30/\$50 OV Copay, \$250 ER/\$75 Urgent Care, RX \$15/\$45/\$75/25%, OOP Maximum: \$5,000 Single/\$10,000 Fam. **\*Live Health Online \$10 Copay.**

	Total Premium	Cost to Employee Payroll Deduction @ \$410.91	Cost to Employee Payroll Deduction @ \$325.00
Employee	\$506.54	\$95.63	\$181.54
Emp/Spouse	\$1,063.73	\$652.82	\$738.73
Emp/Child	\$772.47	\$361.56	\$447.47
Emp/Children	\$899.11	\$488.20	\$574.11
Emp/Family	\$1,405.65	\$994.74	\$1,080.65

**\$2,500 Deductible PPO** In Network Benefits: \$2,500 Single/\$7,500 Fam Deductible, Cost-share 70/30, Copay's: \$25/\$50 OV Copay, \$250 +30% ER/\$75 Urgent Care, RX \$15/\$45/\$75/25%, OOP Maximum: \$6,000 Single/\$12,000 Fam. **\*Live Health Online \$10 Copay.**

	Total Premium	Cost to Employee Payroll Deduction @ \$410.91	Cost to Employee Payroll Deduction @ \$325.00
Employee	\$475.26	\$64.35	\$150.26
Emp/Spouse	\$998.05	\$587.14	\$673.05
Emp/Child	\$724.77	\$313.86	\$399.77
Emp/Children	\$843.59	\$432.68	\$518.59
Emp/Family	\$1,318.85	\$907.94	\$993.85

## **HSA OPTIONS**

**\$3,000 Deductible HSA** In Network Benefits: \$3,000 Single/\$6,000 Fam Embedded Deductible, Cost-share (AFTER deductible is met): 0% (AFTER deductible:**\$10 Life Health Online**)/\$25/\$50 OV Copay, \$250 ER/\$75 Urgent Care, RX \$15/\$45/\$75/25%, Limited Preventative RX Coverage Available Up Front; OOP Maximum: \$4,500 Single/\$9,000 Fam.

	Total Premium	Cost to Employee Payroll Deduction @ \$410.91	Cost to Employee Payroll Deduction @ \$325.00
Employee	\$449.58	\$38.67	\$124.58
Emp/Spouse	\$944.12	\$533.21	\$619.12
Emp/Child	\$685.61	\$274.70	\$360.61
Emp/Children	\$798.00	\$387.09	\$473.00
Emp/Family	\$1,247.58	\$836.67	\$922.58

**\$5,000 Deductible HSA** In Network Benefits: \$5,000 Single/\$10,000 Fam Embedded Deductible, Cost-share (AFTER deductible): 0%, NO Office Visit Copay, NO ER Copay, \$15/\$45/\$75/25% RX Copay AFTER Deductible is met, Limited Preventative RX Coverage Available Up Front; OOP Maximum: \$6,050 Single/\$12,100 Fam

	Total Premium	Cost to Employee Payroll Deduction @ \$410.91	Cost to Employee Payroll Deduction @ \$325.00
Employee	\$429.69	\$18.78	\$104.69
Emp/Spouse	\$902.35	\$491.44	\$577.35
Emp/Child	\$655.28	\$244.37	\$330.28
Emp/Children	\$762.70	\$351.79	\$437.70
Emp/Family	\$1,192.39	\$781.48	\$867.39

**\$6,500 Deductible HSA** In Network Benefits: \$6,500 Single/\$13,000 Fam Embedded Deductible, Cost-share (AFTER deductible): 0%, NO Office Visit Copay, NO ER Copay, NO RX Copay, Limited Preventative RX Coverage Available Up Front; OOP Maximum: \$6,500 Single/\$13,000 Fam

	Total Premium	Cost to Employee Payroll Deduction @ \$410.91	Cost to Employee Payroll Deduction @ \$325.00
Employee	\$407.84	-\$3.07 (deposited to HSA account)	\$82.84
Emp/Spouse	\$856.46	\$445.55 (and \$3.07 deposited to HSA account)	\$531.46
Emp/Child	\$621.96	\$211.05 (and \$3.07 deposited to HSA account)	\$296.96
Emp/Children	\$723.92	\$313.01 (and \$3.07 deposited to HSA account)	\$398.92
Emp/Family	\$1,131.76	\$720.85 (and \$3.07 deposited to HSA account)	\$806.76

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