

**Eldon R-1 School District  
OSBA Health Benefit Association Trust  
Health Insurance Benefit Plan Options  
Effective July 1, 2020**

**PPO OPTIONS**

**\$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.**

	<b>Total Premium</b>	<b>Cost to Employee Payroll Deduction @ \$410.91</b>	<b>Cost to Employee Payroll Deduction @ \$325.00</b>
<b>Employee</b>	\$589.66	\$178.75	\$264.66
<b>Emp/Spouse</b>	\$1,238.29	\$827.38	\$913.29
<b>Emp/Child</b>	\$899.23	\$488.32	\$574.23
<b>Emp/Children</b>	\$1,046.65	\$635.74	\$721.65
<b>Emp/Family</b>	\$1,636.31	\$1,225.40	\$1,311.31

**\$2,000 Deductible PPO** In Network Benefits: \$2,000 Single/\$6,000 Fam Deductible, Cost-share 70/30, Copay's: \$30/\$60 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.**

	<b>Total Premium</b>	<b>Cost to Employee Payroll Deduction @ \$410.91</b>	<b>Cost to Employee Payroll Deduction @ \$325.00</b>
<b>Employee</b>	\$553.39	\$142.48	\$228.39
<b>Emp/Spouse</b>	\$1,162.12	\$751.21	\$837.12
<b>Emp/Child</b>	\$843.92	\$433.01	\$518.92
<b>Emp/Children</b>	\$982.27	\$571.36	\$657.27
<b>Emp/Family</b>	\$1,535.66	\$1,124.75	\$1,210.66

**\$2,500 Deductible PPO** In Network Benefits: \$2,500 Single/\$7,500 Fam Deductible, Cost-share 70/30, Copay's: \$30/\$60 OV Copay, \$300 ER/\$75 Urgent Care, RX \$15/\$45/\$75/25%, OOP Maximum: \$6,000 Single/\$12,000 Fam. **\*Live Health Online \$10 Copay.**

	<b>Total Premium</b>	<b>Cost to Employee Payroll Deduction @ \$410.91</b>	<b>Cost to Employee Payroll Deduction @ \$325.00</b>
<b>Employee</b>	\$527.54	\$116.63	\$202.54
<b>Emp/Spouse</b>	\$1,107.87	\$696.96	\$782.87
<b>Emp/Child</b>	\$804.49	\$393.58	\$479.49
<b>Emp/Children</b>	\$936.38	\$525.47	\$611.38
<b>Emp/Family</b>	\$1,463.92	\$1,053.01	\$1,138.92

**\$3,500 Deductible PPO** In Network Benefits: \$3,500 Single/\$10,500 Fam Deductible, Cost-share 70/30, Copay's: \$30/\$60 OV Copay, \$300 ER/\$75 Urgent Care, RX \$15/\$45/\$75/25%, OOP Maximum: \$7,000 Single/\$14,000 Fam. **\*Live Health Online \$10 Copay.**

	<b>Total Premium</b>	<b>Cost to Employee Payroll Deduction @ \$410.91</b>	<b>Cost to Employee Payroll Deduction @ \$325.00</b>
<b>Employee</b>	\$507.10	\$96.19	\$182.10
<b>Emp/Spouse</b>	\$1,064.91	\$654.00	\$739.91
<b>Emp/Child</b>	\$773.33	\$362.42	\$448.33
<b>Emp/Children</b>	\$900.10	\$489.19	\$575.10
<b>Emp/Family</b>	\$1,407.20	\$996.29	\$1,082.20

## **HSA OPTIONS**

**\$3,500 Deductible HSA** In Network Benefits: \$3,500 Single/\$7,000 Fam Embedded Deductible, Cost-share (AFTER deductible is met): 0% (AFTER deductible: **\$10 Life Health Online**/\$30/\$60 OV Copay, \$300 ER/\$75 Urgent Care, RX \$15/\$45/\$75/25%, Limited Preventative RX Coverage Available Up Front; OOP Maximum: \$4,500 Single/\$9,000 Fam.

	<b>Total Premium</b>	<b>Cost to Employee Payroll Deduction @ \$410.91</b>	<b>Cost to Employee Payroll Deduction @ \$325.00</b>
<b>Employee</b>	\$497.91	\$87.00	\$172.91
<b>Emp/Spouse</b>	\$1,045.61	\$634.70	\$720.61
<b>Emp/Child</b>	\$759.31	\$348.40	\$434.31
<b>Emp/Children</b>	\$883.79	\$472.88	\$558.79
<b>Emp/Family</b>	\$1,381.70	\$970.79	\$1,056.70

**\$5,000 Deductible HSA** In Network Benefits: \$5,000 Single/\$10,000 Fam Embedded Deductible, Cost-share (AFTER deductible): : **\$10 Life Health Online**/\$30/\$60 OV Copay, \$300 ER/\$75 Urgent Care, \$15/\$45/\$75/25% RX Copay AFTER Deductible is met, Limited Preventative RX Coverage Available Up Front; OOP Maximum: \$6,250 Single/\$12,100 Fam

	<b>Total Premium</b>	<b>Cost to Employee Payroll Deduction @ \$410.91</b>	<b>Cost to Employee Payroll Deduction @ \$325.00</b>
<b>Employee</b>	\$471.58	\$60.67	\$146.58
<b>Emp/Spouse</b>	\$990.32	\$579.41	\$665.32
<b>Emp/Child</b>	\$719.16	\$308.25	\$394.16
<b>Emp/Children</b>	\$837.05	\$426.14	\$512.05
<b>Emp/Family</b>	\$1,308.63	\$897.72	\$983.63

**\$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

	<b>Total Premium</b>	<b>Cost to Employee Payroll Deduction @ \$410.91</b>	<b>Cost to Employee Payroll Deduction @ \$325.00</b>
<b>Employee</b>	\$453.31	\$42.40	\$128.31
<b>Emp/Spouse</b>	\$951.95	\$541.04	\$626.95
<b>Emp/Child</b>	\$691.30	\$280.39	\$366.30
<b>Emp/Children</b>	\$804.63	\$393.72	\$479.63
<b>Emp/Family</b>	\$1,257.94	\$847.03	\$932.94

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