

**Eldon R-1 School District  
OSBA Health Benefit Association Trust  
Health Insurance Benefit Plan Options  
Effective July 1, 2021**

**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. \*LiveHealth Online \$10 Copay.

	Total Premium	Cost to Employee Payroll Deduction @ \$450.00
Employee	\$627.75	\$177.75
Emp/Spouse	\$1,318.28	\$868.28
Emp/Child	\$957.32	\$507.32
Emp/Children	\$1,114.26	\$664.26
Emp/Family	\$1,742.01	\$1,292.01

**\$2,000 Deductible PPO** In Network Benefits: \$2,000 Single/\$6,000 Fam Deductible, Cost-share 70/30, Copay's: \$30/\$60 OV Copay, \$300 ER/\$75 Urgent Care, RX \$15/\$45/\$75/25%, OOP Maximum: \$5,000 Single/\$10,000 Fam. \*LiveHealth Online \$10 Copay.

	Total Premium	Cost to Employee Payroll Deduction @ \$450.00
Employee	\$589.14	\$139.14
Emp/Spouse	\$1,237.19	\$787.19
Emp/Child	\$898.44	\$448.44
Emp/Children	\$1,045.72	\$595.72
Emp/Family	\$1,634.86	\$1,184.86

**\$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. \*LiveHealth Online \$10 Copay.

	Total Premium	Cost to Employee Payroll Deduction @ \$450.00
Employee	\$561.62	\$111.62
Emp/Spouse	\$1,179.44	\$729.44
Emp/Child	\$856.46	\$406.46
Emp/Children	\$996.87	\$546.87
Emp/Family	\$1,558.49	\$1,108.49

**\$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. \*LiveHealth Online \$10 Copay.

	Total Premium	Cost to Employee Payroll Deduction @ \$450.00
Employee	\$539.86	\$89.86
Emp/Spouse	\$1,133.71	\$683.71
Emp/Child	\$823.29	\$373.29
Emp/Children	\$958.25	\$508.25
Emp/Family	\$1,498.11	\$1,048.11

## **HSA OPTIONS**

**\$3,500 Deductible HSA** In Network Benefits: \$3,500 Single/\$7,000 Fam Embedded Deductible, Cost-share (AFTER deductible is met): **\$10 LiveHealth 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 @ \$450.00</b>
<b>Employee</b>	\$530.07	\$80.07
<b>Emp/Spouse</b>	\$1,113.15	\$663.15
<b>Emp/Child</b>	\$808.36	\$358.36
<b>Emp/Children</b>	\$940.87	\$490.87
<b>Emp/Family</b>	\$1,470.94	\$1,020.94

**\$5,000 Deductible HSA** In Network Benefits: \$5,000 Single/\$10,000 Fam Embedded Deductible, Cost-share (AFTER deductible): : **\$10 LiveHealth 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/\$12,500 Fam

	<b>Total Premium</b>	<b>Cost to Employee Payroll Deduction @ \$450.00</b>
<b>Employee</b>	\$502.04	\$52.04
<b>Emp/Spouse</b>	\$1,054.28	\$604.28
<b>Emp/Child</b>	\$765.61	\$315.61
<b>Emp/Children</b>	\$891.12	\$441.12
<b>Emp/Family</b>	\$1,393.16	\$943.16

**\$6,000 Deductible HSA** In Network Benefits: \$6,000 Single/\$12,000 Fam Embedded Deductible, Cost-share (AFTER deductible): : **\$10 LiveHealth 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: \$6,500 Single/\$13,000 Fam

	<b>Total Premium</b>	<b>Cost to Employee Payroll Deduction @ \$450.00</b>
<b>Employee</b>	\$482.59	\$32.59
<b>Emp/Spouse</b>	\$1,013.44	\$563.44
<b>Emp/Child</b>	\$735.95	\$285.95
<b>Emp/Children</b>	\$856.60	\$406.60
<b>Emp/Family</b>	\$1,339.19	\$889.19

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