

**Eldon R-1 School District
OSBA Health Benefit Association Trust
Health Insurance Benefit Plan Options Cost
Effective July 1, 2022**

PPO OPTIONS

\$1,000/\$1,500 Deductible PPO For Benefit information, see the 2022-2023 3 Level Benefits Renewal Information Sheet

	Total Premium	Cost to Employee Payroll Deduction @ \$450.00
Employee	\$664.91	\$214.91
Emp/Spouse	\$1,396.31	\$946.31
Emp/Child	\$1,013.99	\$563.99
Emp/Children	\$1,180.22	\$730.22
Emp/Family	\$1,845.13	\$1,395.13

\$1,500/\$2,000 Deductible For Benefit information, see the 2022-2023 3 Level Benefits Renewal Information Sheet

	Total Premium	Cost to Employee Payroll Deduction @ \$450.00
Employee	\$628.39	\$178.39
Emp/Spouse	\$1,319.62	\$869.62
Emp/Child	\$958.29	\$508.29
Emp/Children	\$1,115.39	\$665.39
Emp/Family	\$1,743.78	\$1,293.78

\$2,000/\$2,500 Deductible PPO For Benefit information, see the 2022-2023 3 Level Benefits Renewal Information Sheet

	Total Premium	Cost to Employee Payroll Deduction @ \$450.00
Employee	\$599.03	\$149.03
Emp/Spouse	\$1,257.96	\$807.96
Emp/Child	\$913.52	\$463.52
Emp/Children	\$1,063.28	\$613.28
Emp/Family	\$1,662.31	\$1,212.31

\$3,000/\$3,500 Deductible For Benefit information, see the 2022-2023 3 Level Benefits Renewal Information Sheet

	Total Premium	Cost to Employee Payroll Deduction @ \$450.00
Employee	\$575.82	\$125.82
Emp/Spouse	\$1,209.22	\$759.22
Emp/Child	\$878.13	\$428.13
Emp/Children	\$1,022.08	\$572.08
Emp/Family	\$1,597.90	\$1,147.90

HSA OPTIONS

\$3,000/\$3,500 Deductible HSA For Benefit information, see the 2022-2023 3 Level Benefits Renewal Information Sheet

	Total Premium	Cost to Employee Payroll Deduction @ \$450.00
Employee	\$561.45	\$111.45
Emp/Spouse	\$1,179.05	\$729.05
Emp/Child	\$856.21	\$406.21
Emp/Children	\$996.57	\$546.57
Emp/Family	\$1,558.02	\$1,108.02

\$4,500/\$5,000 Deductible HSA For Benefit information, see the 2022-2023 3 Level Benefits Renewal Information Sheet

	Total Premium	Cost to Employee Payroll Deduction @ \$450.00
Employee	\$518.31	\$68.31
Emp/Spouse	\$1,088.45	\$638.45
Emp/Child	\$790.42	\$340.42
Emp/Children	\$920.00	\$470.00
Emp/Family	\$1,438.31	\$988.31

\$5,000/\$6,000 Deductible For Benefit information, see the 2022-2023 3 Level Benefits Renewal Information Sheet

	Total Premium	Cost to Employee Payroll Deduction @ \$450.00
Employee	\$499.25	\$49.25
Emp/Spouse	\$1,048.43	\$598.43
Emp/Child	\$761.36	\$311.36
Emp/Children	\$886.17	\$436.17
Emp/Family	\$1,385.42	\$935.42

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

Eldon R-I School District 2022-2023 3 Level Benefits Renewal



District Medical Funding: \$ 450.00

PPO Plans

Coverage Level	1000/1500 Choice PPO	1500/2000 Choice PPO	2000/2500 Choice PPO	3000/3500 Choice PPO
Employee	\$664.91	\$628.39	\$599.03	\$575.82
Employee + Spouse	\$1,396.31	\$1,319.62	\$1,257.96	\$1,209.22
Employee + Child	\$1,013.99	\$958.29	\$913.52	\$878.13
Employee + Child(ren)	\$1,180.22	\$1,115.39	\$1,063.28	\$1,022.08
Employee + Family	\$1,845.13	\$1,743.78	\$1,662.31	\$1,597.90
In-Network Services				
General Provisions				
Deductible: Individual	Level 1 (BPS) \$1,000	Level 1 (BPS) \$1,500	Level 1 (BPS) \$2,000	Level 1 (BPS) \$3,000
Deductible: Family	\$3,000	\$4,500	\$6,000	\$9,000
Max out-of-pocket: Individual	\$4,000	\$4,500	\$5,500	\$6,500
Max out-of-pocket: Family	\$8,000	\$9,000	\$11,000	\$13,000
Copays & Coinsurance				
Primary Care Physician (PCP)	\$25 Copay	\$35 Copay	\$35 Copay	\$35 Copay
Specialists Physician	\$50 Copay	\$60 Copay	\$60 Copay	\$60 Copay
Virtual Primary Care Doctor Visits	\$0 Copay	\$0 Copay	\$0 Copay	\$0 Copay
Live Health Online Doctor Visits	\$10 Copay	\$10 Copay	\$10 Copay	\$10 Copay
Urgent Care Facility	\$75 Copay	\$75 Copay	\$75 Copay	\$75 Copay
Hospitalization: Emergency Room	\$250 Copay	\$250 Copay	\$250 Copay	\$300 Copay
Hospitalization: Inpatient	20% after Deductible	30% after Deductible	30% after Deductible	30% after Deductible
Hospitalization: Outpatient	20% after Deductible	30% after Deductible	30% after Deductible	30% after Deductible
Prescriptions Copays				
Prescription Drug Plan	\$15/\$45/\$75/25% Max \$200	\$15/\$45/\$75/25% Max \$200	\$15/\$45/\$75/25% Max \$200	\$15/\$45/\$75/25% Max \$200
Limited Preventative RX Plus	Not Applicable	Not Applicable	Not Applicable	Not Applicable
Out-Of-Network Services				
Deductible: Individual	Out of Network (Tier 3) \$4,000	Out of Network (Tier 3) \$5,000	Out of Network (Tier 3) \$6,000	Out of Network (Tier 3) \$8,000
Deductible: Family	\$12,000	\$15,000	\$18,000	\$24,000
Maximum out-of-pocket: Individual	\$10,000	\$11,000	\$13,000	\$15,000
Maximum out-of-pocket: Family	\$20,000	\$22,000	\$26,000	\$30,000

Eldon R-I School District 2022-2023 3 Level Benefits Renewal

HSA Plans District Medical Funding: \$ 450.00



Coverage Level	3000/3500 Choice HSA	4500/5000 Choice HSA	5000/6000 Choice HSA
Employee	\$561.45	\$518.31	\$499.25
Employee + Spouse	\$1,179.05	\$1,088.45	\$1,048.43
Employee + Child	\$856.21	\$790.42	\$761.36
Employee + Child(ren)	\$996.57	\$920.00	\$886.17
Employee + Family	\$1,558.02	\$1,438.31	\$1,385.42
In-Network Services			
General Provisions			
Deductible: Individual	Level 1 (BPS) \$3,000	Level 1 (BPS) \$4,500	Level 1 (BPS) \$5,000
Deductible: Family	\$6,000	\$9,000	\$10,000
Max out-of-pocket: Individual	\$4,500	\$5,500	\$6,500
Max out-of-pocket: Family	\$9,000	\$11,000	\$12,000
Copays & Coinsurance			
Primary Care Physician (PCP)	\$30 Copay after Deductible	\$30 Copay after Deductible	\$30 Copay after Deductible
Specialists Physician	\$60 Copay after Deductible	\$60 Copay after Deductible	\$60 Copay after Deductible
Virtual Primary Care Doctor Visits	\$0 Copay after Deductible	\$0 Copay after Deductible	\$0 Copay after Deductible
Live Health Online Doctor Visits	\$10 Copay after Deductible	\$10 Copay after Deductible	\$10 Copay after Deductible
Urgent Care Facility	\$75 Copay after Deductible	\$75 Copay after Deductible	\$75 Copay after Deductible
Hospitalization: Emergency Room	\$300 Copay after Deductible	\$300 Copay after Deductible	\$300 Copay after Deductible
Hospitalization: Inpatient	0% after Deductible	20% after Deductible	20% after Deductible
Hospitalization: Outpatient	0% after Deductible	20% after Deductible	20% after Deductible
Prescriptions Copays			
Prescription Drug Plan	\$15/\$45/\$75/25% Max \$200 (after ded)	\$15/\$45/\$75/25% Max \$200 (after ded)	\$15/\$45/\$75/25% Max \$200 (after ded)
Limited Preventative RX Plus	0%	0%	0%
Out-Of-Network Services			
Deductible: Individual	Out of Network (Tier 3) \$8,000	Out of Network (Tier 3) \$11,000	Out of Network (Tier 3) \$13,000
Deductible: Family	\$16,000	\$22,000	\$26,000
Maximum out-of-pocket: Individual	\$12,250	\$16,625	\$17,250
Maximum out-of-pocket: Family	\$25,000	\$33,250	\$35,000