



**BOZEMAN SCHOOL DISTRICT #7 HEALTH PLAN**  
**MONTHLY HEALTH INSURANCE & DENTAL PRICE TAGS**

**ADMINISTRATIVE & PROFESSIONAL EMPLOYEE RATES**  
*Benefit Year 2020-2021*

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**BASIC PLAN** (\$1,500 deductible) - plan pays 80% of covered charges after deductible has been satisfied

Employee Only	\$871.00
Employee/Spouse	\$1,411.00
Employee/Children	\$1,182.00
Employee/Family	\$1,632.00

**\*\$2,800 deductible HDHP** - plan pays 80% of covered charges after deductible has been satisfied

Employee Only	\$726.00
Employee/Spouse	\$1,174.00
Employee/Children	\$988.00
Employee/Family	\$1,362.00

**\*\$5,000 deductible HDHP** - plan pays 100% of covered charges after deductible has been satisfied

Employee Only	\$594.00
Employee/Spouse	\$961.00
Employee/Children	\$810.00
Employee/Family	\$1,117.00

**\*\$6,900 deductible- HDHP** - plan pays 100% of covered charges after deductible has been satisfied

Employee Only	\$555.00
Employee/Spouse	\$900.00
Employee/Children	\$755.00
Employee/Family	\$1,044.00

*\*High Deductible Health Plans (HDHP) are eligible to participate in a Health Savings Account (HSA). Please see additional handout for explanation of a HDHP, HSA, and how to enroll. An employee who participates in a HDHP will not be eligible to participate in a Flexible Health Reimbursement Account. However, the employee will be eligible to participate in the Flexible Dependent Care Account.*

## **DENTAL REIMBURSEMENT PLAN**

Employee Only	\$40.00
Employee/Spouse	\$51.00
Employee/Children	\$53.00
Employee/Family	\$60.00

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### NOTES

- The plan year is September 1, 2020 through August 31, 2021.
- Maximum Out of Pocket are as follows:

Plan	Individual		Family	
	Deductible	Maximum Out of Pocket	Deductible	Maximum Out of Pocket
<b>\$1,500</b>	\$1,500	\$3,000	\$3,000	\$6,000
<b>\$2,800</b>	\$2,800	\$4,000	\$5,600	\$8,000
<b>\$5,000</b>	\$5,000	\$5,000	\$10,000	\$10,000
<b>\$6,900</b>	\$6,900	\$6,900	\$13,800	\$13,800

- Use your BCBS card when filling prescriptions at the pharmacies and most national chains (40,000 participating) nationwide with negotiated discounts. Covered generic medications have a \$0 co-pay at the point of service under the Basic plan ONLY. Preventative generic medications have a \$0 co-pay under all plans. Plan information, including preventive drug lists, forms, claim information and plan documents can be found on our website by going to: <http://www.bsd7.org> > Our District > Benefits
- Preventative benefits such as annual wellness physicals, vaccinations, well-child check-ups, etc. are included in the premium. These preventive services are not subject to the deductible.
- The Vision Reimbursement Plan is included in the medical premium. All paid claims including charges and receipts should be sent to the Benefits Specialist in the Payroll Office for reimbursement. The plan reimbursement pays 75% of covered vision claims with a yearly maximum of \$250.00 per covered family member. Any charges covered by the BSD7 Medical Plan will not be covered by the Vision Plan.
- The Dental Reimbursement Plan pays 100% of the first \$200.00 and 50% of the remaining claims until you have been reimbursed \$800.00 per covered family member per year. Paid bills including charges and receipts should be sent to the Bozeman School District #7 Benefits Specialist in the Payroll Office for reimbursement. Any charges covered by the BSD7 Medical Plan, such as the surgical removal of impacted wisdom teeth, are not covered by the Dental Plan.

**If you have any questions regarding the benefit choices, please contact the Benefits Specialist at (406) 522-6045**