

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

CERTIFIED & CLASSIFIED EMPLOYEE RATES Benefit Year 2020-2021

	EMPLOYEE	DISTRICT	TOTAL	
,500 deductible - BASIC PI	AN - plan pays 80% of covere	ed charges after deductible has	been satisfied	
Employee Only	\$296.00 \$575.00		\$871.00	
Employee/Spouse	\$561.00	\$850.00	\$1,411.0	
Employee/Children	\$448.00	\$734.00	\$1,182.0	
Employee/Family	\$650.00	\$982.00	\$1,632.0	
2,800 deductible -HDHP - pla	n pays 80% of covered charges	after deductible has been satis	fied	
Employee Only	\$151.00	\$575.00	\$726.00	
Employee/Spouse	\$324.00	\$850.00	\$1,174.0	
Employee/Children	\$254.00	\$734.00	\$988.00	
Employee/Family	\$380.00	\$982.00 \$1,3		
,000 deductible- HDHP - pla	n pays 100% of covered charge	s after deductible has been sati	sfied	
Employee Only	\$19.00	\$575.00	\$594.00	
Employee/Spouse	\$111.00	\$850.00	\$961.00	
Employee/Children	\$76.00	\$734.00	\$810.00	
Employee/Family	\$135.00	\$982.00 \$1,11		
5,900 deductible- HDHP - pla	n pays 100% of covered charge	s after deductible has been sati	sfied	
Employee Only	(\$20.00) *	\$575.00	\$555.00	
Employee/Spouse	\$50.00	\$850.00 \$900.00		
Employee/Children	\$21.00	\$734.00 \$755.00		
Employee/Family	\$62.00	\$982.00	\$1,044.0	
Employee/ramity				

*Excess District contributions will be deposited into a Health Savings Account (HSA) in the employee's name, as long as the HSA is setup by the employee and banking information is relayed to the Benefits Office. An employee who participates in a HDHP will not be eligible to participate in a Flexible Health Reimbursement Account. However, the employee is eligible to participate in the Flexible Dependent Care Account.

(Amounts shown for health and dental premiums are for 1.0 FTE and will be pro-rated for

part-time)

DENTAL REIMBURSEMENT PLAN

	EMPLOYEE	DISTRICT	TOTAL
Employee Only	\$15.00	\$25.00	\$40.00
Employee/Spouse	\$26.00	\$25.00	\$51.00
Employee/Children	\$28.00	\$25.00	\$53.00
Employee/Family	\$35.00	\$25.00	\$60.00

NOTES

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

	Individual		Family	
Plan	Deductible	Maximum Out of Pocket	Deductible	Maximum Out of Pocket
\$1,500	\$1,500	\$3,000	\$3,000	\$6,000
\$2,800	\$2,800	\$4,000	\$5,600	\$8,000
\$5,000	\$5,000	\$5,000	\$10,000	\$10,000
\$6,900	\$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: https://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.