

ESSDACK Health Insurance Plan
Blue Choice Comprehensive Major Medical - Triple Option
October 1, 2023 – September 30, 2024
2023 Grandfathered Plan Options

	\$700 Deductible	\$1,400 Deductible	\$2,200 Deductible
Preventive Care	100% Coverage, subject to ACA guidelines, if coded as preventive	100% Coverage, subject to ACA guidelines, if coded as	100% Coverage, subject to ACA guidelines, if coded as preventive
Deductible	\$700 per person \$1,400 per family	\$1,400 per person \$2,800 per family	\$2,200 per person \$4,400 per family
Coinsurance	80 / 20 (Plan pays 80%; individual pays 20% to coinsurance maximum)	80 / 20 (Plan pays 80%; individual pays 20% to coinsurance maximum)	80 / 20 (Plan pays 80%; individual pays 20% to coinsurance maximum)
Coinsurance Maximum	\$1,400 per person \$2,800 per family	\$2,700 per person \$5,400 per family	\$3,900 per person \$7,800 per family
Deductible plus Coinsurance Out of Pocket Totals*	\$2,100 per person \$4,200 per family	\$4,100 per person \$8,200 per family	\$6,100 per person \$12,200 per family
Telemedicine	Subject to deductible and coinsurance	Subject to deductible and coinsurance	Subject to deductible and coinsurance
Blue Rx Card <i>Patient uses local BC/BS pharmacy and receives medication immediately.</i>	\$15 Generic Copay \$60 Name Brand Copay when no Generic is available, \$60 Plus Cost Difference for Name Brand when Generic is available. Maximum supply: 30 days Extended Supply Network allows for a 90 day supply for 3 copays	\$15 Generic Copay \$60 Name Brand Copay when no Generic is available, \$60 Plus Cost Difference for Name Brand when Generic is available. Maximum supply: 30 days Extended Supply Network allows for a 90 day supply for 3 copays	\$15 Generic Copay \$60 Name Brand Copay when no Generic is available, \$60 Plus Cost Difference for Name Brand when Generic is available. Maximum supply: 30 days Extended Supply Network allows for a 90 day supply for 3 copays
Blue Rx Mail Order– (PrimeMail) <i>PrimeMail Pharmacy mails medications to your home.</i>	\$35 Generic Copay \$140 Name Brand Copay when no Generic is available, \$140 Plus Cost Difference for Name Brand when Generic is available. Maximum supply: 90 days	\$35 Generic Copay \$140 Name Brand Copay when no Generic is available, \$140 Plus Cost Difference for Name Brand when Generic is available. Maximum supply: 90 days	\$35 Generic Copay \$140 Name Brand Copay when no Generic is available, \$140 Plus Cost Difference for Name Brand when Generic is available. Maximum supply: 90 days
Dependents	Eligible children covered to age 26	Eligible children covered to age 26	Eligible children covered to age 26
Lifetime Maximum	Unlimited	Unlimited	Unlimited

Pre-admission certification is required on all planned inpatient admissions.

* “Deductible Plus Coinsurance Out of Pocket Totals” do not include excess charges of non-contracting providers, additional coinsurance for using non-Blue Choice providers, outpatient prescription drug costs or copays, etc.

MONTHLY PREMIUMS – with ‘Grandfathered’ Contingency

	\$700 Deductible		\$1,400 Deductible		\$2,200 Deductible	
	<u>Employee Only</u>	<u>Family</u>	<u>Employee Only</u>	<u>Family</u>	<u>Employee Only</u>	<u>Family</u>
Current Rates 10/1/22-9/30/23	\$743	\$1,708	\$679	\$1,560	\$639	\$1,465
Renewal Rates 10/1/23-9/30/24	\$800	\$1,797	\$752	\$1,689	\$716	\$1,607

NOTE: Due to the group reserve you have helped build over past years, the above rates are \$20 less per month per single and \$60 less per month per family than the rates delivered by BC/BS.

CONTINGENCY ON RATES: On June 17, 2010, the Interim Final Rules regarding "Grandfathered" Group Health Plans under The Patient Protection and Affordable Care Act (PPACA) were issued. These rates are firm for districts that attest to maintaining their Grandfathered status. Grandfathered Plans cannot decrease the percent of premiums the employer pays by more than 5 percentage points as compared to the contribution percent at March 23, 2010. All Member Districts will be required to provide the data necessary to make this determination. If a member district is not in compliance, the ESSDACK Health Insurance Group will work with the district to come under compliance. If a member district is not able to come under compliance, the district will move to the Existing Non-Grandfathered Benefit Plan and premium structure.

USD 303 NESS CITY Dental Care Program

Effective Oct 01, 2023

This Dental Care Program offers coverage for preventive services, along with additional coverage for primary and periodontics services. Employees and each eligible dependent will receive benefits for all covered services each anniversary year.

Covered Services	
PRIMARY 80% payment	Inlays Simple extractions Repair of dentures Oral examinations Fillings (except gold) Fluoride (under age of 21) Emergency treatment for pain Dental imaging services required to treat or diagnose diseases or abnormalities of the teeth, surrounding tissue, and cavity detection Prophylaxis, including cleaning, scaling and polishing Endodontics General anesthesia when the dental treatment is covered Sealants limited to one application per tooth per lifetime per eligible insured between 5 and 17 years of age inclusive, and limited to permanent molars and bicuspid (20 teeth).
PERIODONTICS 80% payment	Surgery of the bony structure supporting the teeth Periodontic treatment of the gums, consisting of examination, management and surgery
Dependents under age 12	Subject to cost-sharing

Monthly Premium

	<u>Employee</u>	<u>Emp/Child(ren)</u>	<u>Emp/Spouse</u>	<u>Family</u>
Dental	\$31.28	\$62.33	\$67.25	\$98.30