

**FSD145** Healthcare Benefit Packages: Health, Dental and Vision (BlueCross BlueShield) - you can select one or all (a la carte). Rates listed are monthly premiums for July—December 2023 (in network coverage). Go to fsd145.org/health for other options.

• **Gold: Single** (\$143.34/month)

\$1,000 deductible/\$2,500 out of pocket expense per year

Family (\$828.57/month)

\$3,000 deductible/\$5,000 out of pocket expense per year

• Silver: Single (\$126.37/month)

\$2,000 deductible/\$5,000 out of pocket expense per year

**Family** (\$756.42/month)

\$6,000 deductible/\$10,000 out of pocket expense per year

• **HSA:** Single (\$125.76/month)

\$3,000 deductible/\$6,000 out of pocket expense per year

Family (\$752.80/month)

\$6,000 deductible/\$12,000 out of pocket expense per year

Wellness/preventative services covered 100% no deductible with Gold, Silver and HSA plans.

• Bronze: Single (\$108.89/month)

\$3,350 deductible/\$6,450 out of pocket expense per year

**Family** (\$1,712.92/month)

\$6,450 deductible/\$12,900 out of pocket expense per year

• **Dental:** Single (\$7.80/month) \$25.00 deductible

Family (\$21.27/month) \$50.00 deductible maximum per family

Preventative services (cleanings, exams, etc.) covered 100% - no deductible

Calendar year maximum benefit—\$1,000 per person

• Vision: Single (\$1.07/month)

Family (\$3.14/month)

Provided by BCBSIL—EyeMed

• Prescription Services (Participating Pharmacies—CVS & Walgreens)

Generic: 100% after \$15 copayment

Preferred (Formulary) Brand Name: 100% after \$30 copayment

Non-Preferred (Non-Formulary) Brand Name: 100% after \$60 copayment

Specialty Drugs: 100% after \$250 copayment

MD Live: 100% coverage for those carrying FSD145 Healthcare Gold and Silver plans. (Excludes prescription costs) No deductible.

**Benefits Value Advisor :** A one-call solution that can help you find quality health care and save money. **Life Insurance:** District sponsored \$10,000 term life insurance policy while employed with FSD145.

**Flexible Spending Account:** FSD145 provides all regular employees who are scheduled to work 20 hours or more per week the option to participate in a "medical expense" spending account and a "dependent care" spending account. You may not have both an HSA and FSA within a calendar year.

## Wellness Program (for those covered with FSD145 healthcare plan):

- Free flu shots
- Free biometric screenings (total cholesterol, glucose, weight, and blood pressure)
- Wellness Seminars (topics vary)

## Where to find information:

General Information - fsd145.org/business Insurance - fsd145.org/health Health Savings Account - fsd145.org/hsa Wellness Program - fsd145.org/wellness