

Helena School District #1
Retiree Health Benefit Summary
October 1, 2019 – September 30, 2020

PREMIUM PLAN	STANDARD PLAN																								
<p><i>Benefit includes medical, dental, vision, and prescription coverage.</i></p> <p>Monthly Premiums for 2019-2020 Plan Year</p> <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left; border-bottom: 1px solid black;">Coverage</th> <th style="text-align: right; border-bottom: 1px solid black;">Premium</th> </tr> </thead> <tbody> <tr> <td>Retired Single</td> <td style="text-align: right;">\$775</td> </tr> <tr> <td>Retired Single + Spouse</td> <td style="text-align: right;">\$1,466</td> </tr> <tr> <td>Retired Single + Dependent(s)</td> <td style="text-align: right;">\$894</td> </tr> <tr> <td>Retired Single + Spouse + Dependent(s)</td> <td style="text-align: right;">\$1,583</td> </tr> <tr> <td>Medicare Eligible Retiree **</td> <td style="text-align: right;">\$331</td> </tr> </tbody> </table> <p>**EFFECTIVE JANUARY 1, 2011 MEDICARE RATE DOES NOT COVER PHARMACY. RETIREES WILL NEED TO ENROLL IN MEDICARE PART D OR OTHER COVERAGE FOR PHARMACY</p>	Coverage	Premium	Retired Single	\$775	Retired Single + Spouse	\$1,466	Retired Single + Dependent(s)	\$894	Retired Single + Spouse + Dependent(s)	\$1,583	Medicare Eligible Retiree **	\$331	<p><i>Benefit includes medical, preventive dental, and prescription coverage.</i></p> <p>Monthly Premiums for 2019-2020 Plan Year</p> <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left; border-bottom: 1px solid black;">Coverage</th> <th style="text-align: right; border-bottom: 1px solid black;">Premium</th> </tr> </thead> <tbody> <tr> <td>Retired Single</td> <td style="text-align: right;">\$530</td> </tr> <tr> <td>Retired Single + Spouse</td> <td style="text-align: right;">\$1,002</td> </tr> <tr> <td>Retired Single + Dependent(s)</td> <td style="text-align: right;">\$625</td> </tr> <tr> <td>Retired Single + Dependent + Spouse</td> <td style="text-align: right;">\$1,094</td> </tr> <tr> <td>Medicare Eligible Retiree **</td> <td style="text-align: right;">\$226</td> </tr> </tbody> </table> <p>**EFFECTIVE JANUARY 1, 2011 MEDICARE RATE DOES NOT COVER PHARMACY. RETIREES WILL NEED TO ENROLL IN MEDICARE PART D OR OTHER COVERAGE FOR PHARMACY</p>	Coverage	Premium	Retired Single	\$530	Retired Single + Spouse	\$1,002	Retired Single + Dependent(s)	\$625	Retired Single + Dependent + Spouse	\$1,094	Medicare Eligible Retiree **	\$226
Coverage	Premium																								
Retired Single	\$775																								
Retired Single + Spouse	\$1,466																								
Retired Single + Dependent(s)	\$894																								
Retired Single + Spouse + Dependent(s)	\$1,583																								
Medicare Eligible Retiree **	\$331																								
Coverage	Premium																								
Retired Single	\$530																								
Retired Single + Spouse	\$1,002																								
Retired Single + Dependent(s)	\$625																								
Retired Single + Dependent + Spouse	\$1,094																								
Medicare Eligible Retiree **	\$226																								
<p>Medical coverage:</p> <p>\$500 deductible for individual and \$1,000 deductible for family. Participants incur a 20% co-pay on applicable expenses until they reach a maximum out-of-pocket limit. The maximum out-of-pocket cost for an individual is \$2,000 and \$3,000 for family.</p>	<p>Medical coverage:</p> <p>\$1,000 deductible for individual and \$2,000 deductible for family. Participants incur a 30% co-pay on applicable expenses until they reach a maximum out-of-pocket limit. The maximum out-of-pocket cost for an individual is \$5,000 and \$10,000 for family.</p>																								
<p>Dental coverage: Reimbursed on a schedule</p> <p>Preventive, basic restorative and major restorative coverage. Non-preventive services are subject to a \$100 annual deductible applied per covered person. Maximum allowable per benefit plan year per covered person is \$2,000.00.</p>	<p>Dental coverage: Reimbursement according to schedule</p> <p>Preventive dental coverage only. No deductible applies. The annual benefit includes the following preventive services:</p> <ul style="list-style-type: none"> • two periodic oral exams • one comprehensive oral evaluation (a one-time evaluation for new patients); • two cleanings (prophylaxis), • one set of x-rays - bitewing single film; bitewings two films; bitewings four films. 																								
<p>Prescription Coverage:</p> <p>Each participant must meet a \$100 deductible. Participant co-payments per prescription (after deductible, but before the \$700 Stop Loss Limit) will be:</p> <p>Pharmacy Benefit:</p> <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left; border-bottom: 1px solid black;">Supply</th> <th style="text-align: left; border-bottom: 1px solid black;">Generic</th> <th style="text-align: left; border-bottom: 1px solid black;">Preferred Brand</th> <th style="text-align: left; border-bottom: 1px solid black;">Non-Preferred Brand</th> </tr> </thead> <tbody> <tr> <td>34-day</td> <td style="text-align: center;">\$12</td> <td style="text-align: center;">\$40 + 40%</td> <td style="text-align: center;">\$50+50%</td> </tr> </tbody> </table> <p>Mail Order Benefit:</p> <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left; border-bottom: 1px solid black;">Supply</th> <th style="text-align: left; border-bottom: 1px solid black;">Generic</th> <th style="text-align: left; border-bottom: 1px solid black;">Preferred Brand</th> <th style="text-align: left; border-bottom: 1px solid black;">Non-Preferred Brand</th> </tr> </thead> <tbody> <tr> <td>34-day</td> <td style="text-align: center;">\$12</td> <td style="text-align: center;">\$40</td> <td style="text-align: center;">\$50</td> </tr> <tr> <td>3-month</td> <td style="text-align: center;">\$24</td> <td style="text-align: center;">\$104</td> <td style="text-align: center;">\$120</td> </tr> </tbody> </table> <p>After a participant reaches \$700 in out-of-pocket prescription expenses (the Stop Loss Limit), the participant co-pay will be 20% of the amount billed to the Plan for each prescription filled for the remainder of the plan year.</p>	Supply	Generic	Preferred Brand	Non-Preferred Brand	34-day	\$12	\$40 + 40%	\$50+50%	Supply	Generic	Preferred Brand	Non-Preferred Brand	34-day	\$12	\$40	\$50	3-month	\$24	\$104	\$120	<p>Prescription Coverage:</p> <p style="text-align: center;"><i>(Same as Premium Plan Prescription Benefit.)</i></p>				
Supply	Generic	Preferred Brand	Non-Preferred Brand																						
34-day	\$12	\$40 + 40%	\$50+50%																						
Supply	Generic	Preferred Brand	Non-Preferred Brand																						
34-day	\$12	\$40	\$50																						
3-month	\$24	\$104	\$120																						
<p>Vision Coverage:</p> <p>Vision claims are based on a reimbursement schedule stated in your plan document. Vision coverage is an employee and spouse only retiree benefit.</p>	<p>Vision Coverage:</p> <p>There will be no vision coverage under the optional Plan.</p>																								

Important Health Plan Election Information:

Retirees may change their health benefit plan election to the Standard Plan however, the Plan requires a two year minimum commitment to remain on the Standard Plan. This change may only occur during the open enrollment period. Dependents may remain on the plan but may not be added after retirement. Contact the Human Resource Benefits Manager, Richard Franco at 324-2008 or rfranco@helenaschool.org if you have any questions.