Helena School District #1
Retiree Health Benefit Summary
October 1, 2020 – September 30, 2021

PREMIUM PLAN

Benefit includes medical, dental, vision, and prescription coverage.

Monthly Premiums for 2020-2021 Plan Year

Coverage	Premium
Retired Single	$783
Retired Single + Spouse	$1,481
Retired Single + Dependent(s)	$903
Retired Single + Spouse + Dependent(s)	$1,599
Medicare Eligible Retiree **	$334

*****EFFECTIVE JANUARY 1, 2011 MEDICARE RATE DOES NOT COVER PHARMACY. RETIREES WILL NEED TO ENROLL IN MEDICARE PART D OR OTHER COVERAGE FOR PHARMACY***

Medical coverage:

$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.

Dental coverage: Reimbursed on a schedule

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.

Prescription Coverage:

Each participant must meet a $100 deductible. Participant co-payments per prescription will be:

Pharmacy Benefit:

Supply	Generic	Preferred Brand	Non-Preferred Brand
34-day	$12	$40 + 40%	$50+50%

Mail Order Benefit:

Supply	Generic	Preferred Brand	Non-Preferred Brand
34-day	$12	$40	$50
3-month	$24	$104	$120

Vision Coverage:

Vision claims are based on a reimbursement schedule stated in your plan document. Vision coverage is an employee and spouse only retiree benefit.

STANDARD PLAN

Benefit includes medical, preventive dental, and prescription coverage.

Monthly Premiums for 2020-2021 Plan Year

Coverage	Premium
Retired Single	$535
Retired Single + Spouse	$1,012
Retired Single +Dependent(s)	$631
Retired Single + Dependent + Spouse	$1,105
Medicare Eligible Retiree **	$228

*****EFFECTIVE JANUARY 1, 2011 MEDICARE RATE DOES NOT COVER PHARMACY. RETIREES WILL NEED TO ENROLL IN MEDICARE PART D OR OTHER COVERAGE FOR PHARMACY***

Medical coverage:

$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.

Dental coverage: Reimbursement according to schedule

Preventive dental coverage only. No deductible applies. The annual benefit includes the following preventive services:

- 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.

Prescription Coverage:

(Same as Premium Plan Prescription Benefit.)

Vision Coverage:

There will be no vision coverage under the optional Plan.

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.