

**Helena School District #1**  
**Employee Health Benefit Summary**  
**October 1, 2024 – September 30, 2025**

BENEFIT DOLLARS AWARDED PER YEAR (IF PART-TIME, CONTACT HR BENEFITS MANAGER) –\$12,382.80 (\$1,031.90 X 12 MO)

<b>OPTION 1 MEDICAL/RX PLAN</b>	<b>OPTION 2 MEDICAL/RX PLAN</b>																												
<p><i>Benefit Option includes medical and prescription coverage.</i></p> <p><b>Monthly Medical/Rx Premiums for 2024-2025 Plan Year</b></p> <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;"><u>Coverage</u></th> <th style="text-align: right;"><u>Premium</u></th> </tr> </thead> <tbody> <tr><td>Single</td><td style="text-align: right;">\$1,086.68</td></tr> <tr><td>Single + Spouse</td><td style="text-align: right;">\$2,075.55</td></tr> <tr><td>Single + Child</td><td style="text-align: right;">\$1,358.35</td></tr> <tr><td>Single + Children</td><td style="text-align: right;">\$1,467.01</td></tr> <tr><td>Single + Family (1 Child)</td><td style="text-align: right;">\$2,347.22</td></tr> <tr><td>Single + Family (Children)</td><td style="text-align: right;">\$2,455.89</td></tr> </tbody> </table>	<u>Coverage</u>	<u>Premium</u>	Single	\$1,086.68	Single + Spouse	\$2,075.55	Single + Child	\$1,358.35	Single + Children	\$1,467.01	Single + Family (1 Child)	\$2,347.22	Single + Family (Children)	\$2,455.89	<p><i>Benefit Option includes medical and prescription coverage.</i></p> <p><b>Monthly Medical/Rx Premiums for 2024-2025 Plan Year</b></p> <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;"><u>Coverage</u></th> <th style="text-align: right;"><u>Premium</u></th> </tr> </thead> <tbody> <tr><td>Single</td><td style="text-align: right;">\$905.56</td></tr> <tr><td>Single + Spouse</td><td style="text-align: right;">\$1,729.63</td></tr> <tr><td>Single + Child</td><td style="text-align: right;">\$1,131.96</td></tr> <tr><td>Single + Children</td><td style="text-align: right;">\$1,222.51</td></tr> <tr><td>Single + Family (1 Child)</td><td style="text-align: right;">\$1,956.02</td></tr> <tr><td>Single + Family (Children)</td><td style="text-align: right;">\$2,046.58</td></tr> </tbody> </table>	<u>Coverage</u>	<u>Premium</u>	Single	\$905.56	Single + Spouse	\$1,729.63	Single + Child	\$1,131.96	Single + Children	\$1,222.51	Single + Family (1 Child)	\$1,956.02	Single + Family (Children)	\$2,046.58
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<p><b>Medical Coverage:</b></p> <p>\$750 deductible for individual and \$1,500 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 \$3,000 and \$6,000 for family with exception where max benefit applies.</p>	<p><b>Medical Coverage:</b></p> <p>\$2,000 deductible for individual and \$4,000 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 \$6,000 and \$12,000 for family with exception where max benefit applies.</p>																												
<p><b>Prescription Coverage:</b></p> <p>Each participant must meet a \$100 deductible. Participant co-payments per prescription will be:</p> <p><b>Pharmacy Benefit:</b></p> <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;"><u>Supply</u></th> <th style="text-align: left;"><u>Generic</u></th> <th style="text-align: center;"><u>Preferred Brand</u></th> <th style="text-align: center;"><u>Non-Preferred Brand</u></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><b>Mail Order Benefit:</b></p> <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;"><u>Supply</u></th> <th style="text-align: left;"><u>Generic</u></th> <th style="text-align: center;"><u>Preferred Brand</u></th> <th style="text-align: center;"><u>Non-Preferred Brand</u></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>	<u>Supply</u>	<u>Generic</u>	<u>Preferred Brand</u>	<u>Non-Preferred Brand</u>	34-day	\$12	\$40 + 40%	\$50 + 50%	<u>Supply</u>	<u>Generic</u>	<u>Preferred Brand</u>	<u>Non-Preferred Brand</u>	34-day	\$12	\$40	\$50	3-month	\$24	\$104	\$120	<p><b>Prescription Coverage:</b></p> <p style="text-align: center;"><i>(Same as Option 1 Plan Prescription Benefit.)</i></p>								
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**Important Health Plan Election Information:**

A change in dependents coverage is only allowed during open enrollment period or if a Qualifying Event occurs during the plan year. Contact the Human Resource Benefits Manager, Richard Franco at 324-2008 or [rfranco@helenaschools.org](mailto:rfranco@helenaschools.org) to determine if an allowable change has occurred.



**Helena School District #1**  
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<b>DENTAL PLAN OPTION</b>	<b>VISION PLAN OPTION</b>																				
<p><i>Benefit Option includes Dental coverage only for Employee, Spouse, Child(ren) or Family.</i></p> <p><b><u>Monthly Dental Premiums for 2024-2025 Plan Year</u></b></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>Single</td> <td style="text-align: right;">\$53.29</td> </tr> <tr> <td>Single + Spouse</td> <td style="text-align: right;">\$101.78</td> </tr> <tr> <td>Single + Child</td> <td style="text-align: right;">\$66.61</td> </tr> <tr> <td>Single + Children</td> <td style="text-align: right;">\$71.94</td> </tr> <tr> <td>Single + Family (1 Child)</td> <td style="text-align: right;">\$115.10</td> </tr> <tr> <td>Single + Family (Children)</td> <td style="text-align: right;">\$120.43</td> </tr> </tbody> </table>	Coverage	Premium	Single	\$53.29	Single + Spouse	\$101.78	Single + Child	\$66.61	Single + Children	\$71.94	Single + Family (1 Child)	\$115.10	Single + Family (Children)	\$120.43	<p><i>Benefit Option includes Vision coverage for Employee and Spouse only.</i></p> <p><b><u>Monthly Vision Premiums for 2024-2025 Plan Year</u></b></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>Single</td> <td style="text-align: right;">\$13.55</td> </tr> <tr> <td>Single + Spouse</td> <td style="text-align: right;">\$25.88</td> </tr> </tbody> </table>	Coverage	Premium	Single	\$13.55	Single + Spouse	\$25.88
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<p><b>Dental coverage:</b> <i>Reimbursed on a Schedule</i></p> <p>Includes Preventative, Basic Restorative and Major Restorative coverage. Non-Preventative services are subject to a \$100 annual deductible applied per covered person. Maximum of \$2,000 covered per person during the benefit Plan Year.</p> <p><i>Preventive dental coverage no deductible applies. The annual benefit includes the following preventive services:</i></p> <ul style="list-style-type: none"> <li>• two periodic oral exams</li> <li>• one comprehensive oral evaluation (a one-time evaluation for new patients);</li> <li>• two cleanings (prophylaxis),</li> </ul> <p>one set of x-rays - bitewing single film; bitewings two films; bitewings four films.</p>	<p><b>Vision coverage:</b> <i>Reimbursed on a Schedule</i></p> <p>Vision claims are based on a reimbursement schedule stated in your Plan Document. The reimbursement schedule can also be found on the District Insurance website. Vision Coverage is an Employee and Spouse Only benefit.</p>																				

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