Helena Public Schools
A great place to learn

Benefit Dollars Awarded Per Year for Full-Time EE (Part-time pro-rated) - $12,832.80

Medical Plans

Medical Plan Benefits	Option 1		Option 2	
	Tier 1	Tier 2	Tier 1	Tier 2
Calendar Year Deductible				
Individual / Family	$0	$1,500 / $3,000	N/A	$3,000 / $6,000
Embedded / Aggregate	Embedded		Embedded	
Annual Out-of-Pocket Maximum				
Individual / Family	$4,000 / $8,000		$7,000 / $14,000	
Embedded / Aggregate	Embedded		Embedded	
Physician Office Visit	$10	30% (after deductible)	30% (after deductible)	
Specialist Copay	$40	30% (after deductible)	30% (after deductible)	
Preventative Care	No Charge		No Charge	
Lab and X-Ray				
CT, MRI, PET scans	No Charge	30% (after deductible)	30% (after deductible)	
Other lab and x-ray tests	No Charge	30% (after deductible)	30% (after deductible)	
Hospitalization				
Inpatient	30%	30% (after deductible)	30% (after deductible)	
Outpatient	$10	30% (after deductible)	30% (after deductible)	
Emergency Room	$250	30% (after deductible)	30% (after deductible)	
Urgent Care Services	$25	30% (after deductible)	$25	30% (after deductible)
Durable Medical Equipment	No Charge	30% (after deductible)	30% (after deductible)	
Chiropractic Care	Not Covered	$25 co-pay deductible waived	$25 co-pay deductible waived	
Acupuncture Care	Not Covered		Not Covered	
PRESCRIPTION DRUGS	Generic / Preferred Brand / Non-Preferred Brand		Generic / Preferred Brand / Non-Preferred Brand	
Rx Copay Out-of-Pocket Maximum (Individual / Family)	$700 / $1,300		$700 / $1,300	
Rx Benefit Deductible per year	$100		$100	
Retail - 34 day supply	$12 / $40 + 40% / $50 + 50%		$12 / $40 + 40% / $50 + 50%	
Mail Order - 90 day supply	$24 / $104 / $120		$24 / $104 / $120	

12 MO EE - MONTHLY RATES	Current	Current
EE Only	$1,064.80	$880.24
EE + Spouse	$2,042.55	$1,681.28
EE + Child	$1,336.76	$1,100.31
EE + Children	$1,443.68	$1,188.34
EE + Family (1 Child)	$2,309.90	$1,901.34
EE + Family (Children)	$2,416.85	$1,989.37