Helena School District #1
Retiree Health Benefit Summary
October 1, 2025 – September 30, 2026

OPTION 1 PLAN

Benefit Option includes medical and prescription coverage.

Monthly Premiums for 2025-2026 Plan Year

Coverage	Premium
Retired Single	$1,064.80
Retired Single + Spouse	$2,042.55
Retired Single + 1 Child	$1,336.76
Retired Single + Children	$1,443.68
Retired Single + Family (1 Child)	$2,309.90
Retired Single + Family (Children)	$2,416.85
Medicare Eligible Retiree **	$585.00

*****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:

$1,500 deductible for individual and $3,000 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 $4,000 and $8,000 for family. There is Narrow Network Program on Option 2 (Tier 1)

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

OPTION 2 PLAN

Benefit Option includes medical and prescription coverage.

Monthly Premiums for 2025-2026 Plan Year

Coverage	Premium
Retired Single	$880.24
Retired Single + Spouse	$1,681.28
Retired Single + 1 Child	$1,100.31
Retired Single + Children	$1,188.34
Retired Single + Family (1 Child)	$1,901.34
Retired Single + Family (Children)	$1,989.37
Medicare Eligible Retiree **	$395.00

*****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:

$3,000 deductible for individual and $6,000 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 $7,000 and $14,000 for family. There is ***no*** Narrow Network Program on Option 2.

Prescription Coverage:

(Same as Option 1 Plan Prescription Benefit.)

Important Health Plan Election Information:

Retirees may change their health benefit plan election during the open enrollment period. Dependents may remain on the plan but may not be added after retirement. Also, please note that once a Retiree turns 65 they must go onto Medicare and cannot have the District Insurance as a Primary. Contact the Human Resource Benefits Manager, Richard Franco at 324-2008 or rfranco@helenaschool.org if you have any questions.

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