



2024 Medical Plan Changes

Benefit Changes

- Option I - In-Network Individual Deductible \$1,750 and Family Deductible \$3,500; Out-of-Network Individual Deductible \$3,500 and Family Deductible \$7,000
- Option III- In-Network Individual Deductible \$2,500 and Family Deductible \$5,000; Out-of-Network Individual Deductible \$4,500 and Family Deductible \$9,000
- Option I - Individual Annual Out-of-Pocket \$9,000 and Family Annual Out-of-Pocket \$18,000
- Option III – Individual In-Network Annual Out-of-Pocket \$8,000 and Family In-Network Annual Out-of-Pocket \$16,000; Out of Network Annual Out-of-Pocket \$15,000 and Family Out-of-Network Annual Out of Pocket \$30,000
- Option 1 Office Visit Co-Pays \$60 Primary Care Physician and \$100 Specialist
- Option I - Prescription Co-pays as reflected on the attachment #2.

Contribution Changes (Per Month)

- Option I & III - Changes to Employee contribution for Employee coverage are illustrated below.
- Options I & III - Changes to Employee contribution for Dependent coverage are illustrated below.
- Option III HSA funded by staff member; no District contribution.

Employee Contribution Rates (Per Month)

Option I 1-1-24

Employee Only	150	
Employee & Child	453	
Employee & Children	526	
Employee & Spouse	705	
Employee & Family	942	

Option III 1-1-24 Option III HSA 1-1-24

Employee Only	60		0
Employee & Child	333		333
Employee & Children	385		385
Employee & Spouse	540		540
Employee & Family	738		738