

Cass School District 63

2023 Employee Insurance Program



- *The District's insurance plan year runs from January 1 through December 31*
- *Open Enrollment is from November 16 through November 30*
- *Enrollment will be available throughout the year based on a qualifying event (e.g., spouse loses coverage)*
- *Insurance deductible and coinsurance are tracked from January 1 through December 31*
- *Listed deductible and coinsurance are the employee's full responsibility*
- *A "Longevity" employee is one that has worked at least 15 years in the District and is at least 40 years old*
- *A "12-Month" employee is one who works a 260-day year*
- *A "Grandfathered" employee is one with at least 10 years of service in which the District had been paying 100% of single coverage*
- *Health Savings Accounts (HSA) dollars listed, are the amount the District will contribute to employee in that account for the respective plan*
- *Flexible Spending Accounts (FSA) dollars listed, are the amount the District will contribute to employee in that account for the respective plan*
- *Employees who do not take insurance and participate in the District's Wellness Program are eligible to receive the same benefits as those that take insurance in a FSA*
- *Maximum Out of Pocket (Max OP) is the maximum amount an employee can pay within one plan year*
- *Participate in the District's Wellness Program for one year (Well 1 Yr) and the District will contribute \$250 in a HSA if applicable or FSA if not, per year*
- *Participate in the District's Wellness Program for two consecutive years or more (Well 2 Yr+) and the District will contribute \$500 in a HSA if applicable or FSA if not, per year*
- *District Health Insurance Advisory Committee will meet annually and membership is open to all staff*
- *Questions pertaining to any insurance program should be directed to Deb Dolehide, District Director of Fiscal Services*

- *Vision & Dental coverage and cost is unchanged from 2022*

Cass School District 63

Health Insurance - Employee Only



SINGLE COVERAGE

BlueEdge HSA 80/20 Percent In Network • Health Savings Account												
	Premium	Deductible	Coinsurance	Copay	Max Copay	HSA	FSA	Max OP	Well 1 Yr	Max OP W1	Well 2 Yrs+	Max OP W2
Total Costs	\$9,532	\$3,500	\$2,300	\$0	\$0							
Employee	\$1,430	\$3,500	\$2,300	\$0	\$0	\$1,000	\$0	\$6,230	\$250	\$5,980	\$500	\$5,730
Longevity Employee	\$953	\$3,500	\$2,300	\$0	\$0	\$2,000	\$0	\$4,753	\$250	\$4,503	\$500	\$4,253
12-Month Employee	\$477	\$3,500	\$2,300	\$0	\$0	\$3,500	\$0	\$2,777	\$250	\$2,527	\$500	\$2,277
Grandfathered Employee	\$0	\$3,500	\$2,300	\$0	\$0	\$3,450	\$0	\$2,350	\$250	\$2,100	\$500	\$1,850
BlueEdge Select HSA 80/20 Percent In Network • Health Savings Account												
	Premium	Deductible	Coinsurance	Copay	Max Copay	HSA	FSA	Max OP	Well 1 Yr	Max OP W1	Well 2 Yrs+	Max OP W2
Total Costs	\$7,579	\$2,500	\$2,500	\$0	\$0							
Employee	\$0	\$2,500	\$2,500	\$0	\$0	\$1,000	\$0	\$4,000	\$250	\$3,750	\$500	\$3,500
Longevity Employee	\$0	\$2,500	\$2,500	\$0	\$0	\$2,000	\$0	\$3,000	\$250	\$2,750	\$500	\$2,500
12-Month Employee	\$0	\$2,500	\$2,500	\$0	\$0	\$3,500	\$0	\$1,500	\$250	\$1,250	\$500	\$1,000
Grandfathered Employee	\$0	\$2,500	\$2,500	\$0	\$0	\$3,450	\$0	\$1,550	\$250	\$1,300	\$500	\$1,050
Blue Choice Select PPO 80/20 Percent In Network • Preferred Provider Organization												
	Premium	Deductible	Coinsurance	Copay	Max Copay	HSA	FSA	Max OP	Well 1 Yr	Max OP W1	Well 2 Yrs+	Max OP W2
Total Costs	\$8,768	\$2,500	\$2,000	\$30	\$0							
Employee	\$1,315	\$2,500	\$2,000	\$30	\$0	\$0	\$1,000	\$4,815	\$250	\$4,565	\$500	\$4,315
Longevity Employee	\$877	\$2,500	\$2,000	\$30	\$0	\$0	\$1,000	\$4,377	\$250	\$4,127	\$500	\$3,877
12-Month Employee	\$438	\$2,500	\$2,000	\$30	\$0	\$0	\$1,000	\$3,938	\$250	\$3,688	\$500	\$3,438
Grandfathered Employee	\$0	\$2,500	\$2,000	\$30	\$0	\$0	\$1,000	\$3,500	\$250	\$3,250	\$500	\$3,000
Blue Advantage HMO 100 Percent In Network • Health Maintenance Organization												
	Premium	Deductible	Coinsurance	Copay	Max Copay	HSA	FSA	Max OP	Well 1 Yr	Max OP W1	Well 2 Yrs+	Max OP W2
Total Costs	\$9,418	\$0	\$0	\$50	\$3,000							
Employee	\$1,413	\$0	\$0	\$50	\$3,000	\$0	\$0	\$4,413	\$250	\$4,163	\$500	\$3,913
Longevity Employee	\$942	\$0	\$0	\$50	\$3,000	\$0	\$0	\$3,942	\$250	\$3,692	\$500	\$3,442
12-Month Employee	\$471	\$0	\$0	\$50	\$3,000	\$0	\$0	\$3,471	\$250	\$3,221	\$500	\$2,971
Grandfathered Employee	\$0	\$0	\$0	\$50	\$3,000	\$0	\$0	\$3,000	\$250	\$2,750	\$500	\$2,500

Cass School District 63

Health Insurance - Employee and Spouse



EMPLOYEE SPOUSE COVERAGE

BlueEdge HSA 80/20 Percent In Network • Health Savings Account												
	Premium	Deductible	Coinsurance	Copay	Max Copay	HSA	FSA	Max OP	Well 1 Yr	Max OP W1	Well 2 Yrs+	Max OP W2
Total Costs	\$19,996	\$6,850	\$0	\$0	\$0							
Employee	\$7,998	\$6,850	\$0	\$0	\$0	\$1,000	\$0	\$13,848	\$250	\$13,598	\$500	\$13,348
Longevity Employee	\$6,999	\$6,850	\$0	\$0	\$0	\$2,000	\$0	\$11,849	\$250	\$11,599	\$500	\$11,349
12-Month Employee	\$5,999	\$6,850	\$0	\$0	\$0	\$3,500	\$0	\$9,349	\$250	\$9,099	\$500	\$8,849
Grandfathered Employee	\$4,999	\$6,850	\$0	\$0	\$0	\$3,450	\$0	\$8,399	\$250	\$8,149	\$500	\$7,899
BlueEdge Select HSA 80/20 Percent In Network • Health Savings Account												
	Premium	Deductible	Coinsurance	Copay	Max Copay	HSA	FSA	Max OP	Well 1 Yr	Max OP W1	Well 2 Yrs+	Max OP W2
Total Costs	\$15,898	\$5,000	\$1,850	\$0	\$0							
Employee	\$6,359	\$5,000	\$1,850	\$0	\$0	\$1,000	\$0	\$12,209	\$250	\$11,959	\$500	\$11,709
Longevity Employee	\$5,564	\$5,000	\$1,850	\$0	\$0	\$2,000	\$0	\$10,414	\$250	\$10,164	\$500	\$9,914
12-Month Employee	\$4,769	\$5,000	\$1,850	\$0	\$0	\$3,500	\$0	\$8,119	\$250	\$7,869	\$500	\$7,619
Grandfathered Employee	\$3,974	\$5,000	\$1,850	\$0	\$0	\$3,450	\$0	\$7,374	\$250	\$7,124	\$500	\$6,874
Blue Choice Select PPO 80/20 Percent In Network • Preferred Provider Organization												
	Premium	Deductible	Coinsurance	Copay	Max Copay	HSA	FSA	Max OP	Well 1 Yr	Max OP W1	Well 2 Yrs+	Max OP W2
Total Costs	\$18,393	\$7,500	\$2,700	\$30	\$0							
Employee	\$7,357	\$7,500	\$2,700	\$30	\$0	\$0	\$1,000	\$16,557	\$250	\$16,307	\$500	\$16,057
Longevity Employee	\$6,438	\$7,500	\$2,700	\$30	\$0	\$0	\$1,000	\$15,638	\$250	\$15,388	\$500	\$15,138
12-Month Employee	\$5,518	\$7,500	\$2,700	\$30	\$0	\$0	\$1,000	\$14,718	\$250	\$14,468	\$500	\$14,218
Grandfathered Employee	\$4,598	\$7,500	\$2,700	\$30	\$0	\$0	\$1,000	\$13,798	\$250	\$13,548	\$500	\$13,298
Blue Advantage HMO 100 Percent In Network • Health Maintenance Organization												
	Premium	Deductible	Coinsurance	Copay	Max Copay	HSA	FSA	Max OP	Well 1 Yr	Max OP W1	Well 2 Yrs+	Max OP W2
Total Costs	\$19,755	\$0	\$0	\$50	\$3,000							
Employee	\$7,902	\$0	\$0	\$50	\$3,000	\$0	\$0	\$10,902	\$250	\$10,652	\$500	\$10,402
Longevity Employee	\$6,914	\$0	\$0	\$50	\$3,000	\$0	\$0	\$9,914	\$250	\$9,664	\$500	\$9,414
12-Month Employee	\$5,927	\$0	\$0	\$50	\$3,000	\$0	\$0	\$8,927	\$250	\$8,677	\$500	\$8,427
Grandfathered Employee	\$4,939	\$0	\$0	\$50	\$3,000	\$0	\$0	\$7,939	\$250	\$7,689	\$500	\$7,439

Cass School District 63

Health Insurance - Employee and Child(ren)



EMPLOYEE CHILD(REN) COVERAGE

BlueEdge HSA 80/20 Percent In Network • Health Savings Account												
	Premium	Deductible	Coinsurance	Copay	Max Copay	HSA	FSA	Max OP	Well 1 Yr	Max OP W1	Well 2 Yrs+	Max OP W2
Total Costs	\$17,392	\$6,850	\$0	\$0	\$0							
Employee	\$6,957	\$6,850	\$0	\$0	\$0	\$1,000	\$0	\$12,807	\$250	\$12,557	\$500	\$12,307
Longevity Employee	\$6,087	\$6,850	\$0	\$0	\$0	\$2,000	\$0	\$10,937	\$250	\$10,687	\$500	\$10,437
12-Month Employee	\$5,218	\$6,850	\$0	\$0	\$0	\$3,500	\$0	\$8,568	\$250	\$8,318	\$500	\$8,068
Grandfathered Employee	\$4,348	\$6,850	\$0	\$0	\$0	\$3,450	\$0	\$7,748	\$250	\$7,498	\$500	\$7,248
BlueEdge Select HSA 80/20 Percent In Network • Health Savings Account												
	Premium	Deductible	Coinsurance	Copay	Max Copay	HSA	FSA	Max OP	Well 1 Yr	Max OP W1	Well 2 Yrs+	Max OP W2
Total Costs	\$13,828	\$5,000	\$1,850	\$0	\$0							
Employee	\$5,531	\$5,000	\$1,850	\$0	\$0	\$1,000	\$0	\$11,381	\$250	\$11,131	\$500	\$10,881
Longevity Employee	\$4,840	\$5,000	\$1,850	\$0	\$0	\$2,000	\$0	\$9,690	\$250	\$9,440	\$500	\$9,190
12-Month Employee	\$4,148	\$5,000	\$1,850	\$0	\$0	\$3,500	\$0	\$7,498	\$250	\$7,248	\$500	\$6,998
Grandfathered Employee	\$3,457	\$5,000	\$1,850	\$0	\$0	\$3,450	\$0	\$6,857	\$250	\$6,607	\$500	\$6,357
Blue Choice Select PPO 80/20 Percent In Network • Preferred Provider Organization												
	Premium	Deductible	Coinsurance	Copay	Max Copay	HSA	FSA	Max OP	Well 1 Yr	Max OP W1	Well 2 Yrs+	Max OP W2
Total Costs	\$15,999	\$7,500	\$2,700	\$30	\$0							
Employee	\$6,399	\$7,500	\$2,700	\$30	\$0	\$0	\$1,000	\$15,599	\$250	\$15,349	\$500	\$15,099
Longevity Employee	\$5,599	\$7,500	\$2,700	\$30	\$0	\$0	\$1,000	\$14,799	\$250	\$14,549	\$500	\$14,299
12-Month Employee	\$4,800	\$7,500	\$2,700	\$30	\$0	\$0	\$1,000	\$14,000	\$250	\$13,750	\$500	\$13,500
Grandfathered Employee	\$4,000	\$7,500	\$2,700	\$30	\$0	\$0	\$1,000	\$13,200	\$250	\$12,950	\$500	\$12,700
Blue Advantage HMO 100 Percent In Network • Health Maintenance Organization												
	Premium	Deductible	Coinsurance	Copay	Max Copay	HSA	FSA	Max OP	Well 1 Yr	Max OP W1	Well 2 Yrs+	Max OP W2
Total Costs	\$17,184			\$50	\$3,000							
Employee	\$6,873	\$0	\$0	\$50	\$3,000	\$0	\$0	\$9,873	\$250	\$9,623	\$500	\$9,373
Longevity Employee	\$6,014	\$0	\$0	\$50	\$3,000	\$0	\$0	\$9,014	\$250	\$8,764	\$500	\$8,514
12-Month Employee	\$5,155	\$0	\$0	\$50	\$3,000	\$0	\$0	\$8,155	\$250	\$7,905	\$500	\$7,655
Grandfathered Employee	\$4,296	\$0	\$0	\$50	\$3,000	\$0	\$0	\$7,296	\$250	\$7,046	\$500	\$6,796

Cass School District 63

Health Insurance - Full Family



FULL FAMILY COVERAGE

BlueEdge HSA 80/20 Percent In Network • Health Savings Account												
	Premium	Deductible	Coinsurance	Copay	Max Copay	HSA	FSA	Max OP	Well 1 Yr	Max OP W1	Well 2 Yrs+	Max OP W2
Total Costs	\$27,856	\$6,850	\$0	\$0	\$0							
Employee	\$11,142	\$6,850	\$0	\$0	\$0	\$1,000	\$0	\$16,992	\$250	\$16,742	\$500	\$16,492
Longevity Employee	\$9,750	\$6,850	\$0	\$0	\$0	\$2,000	\$0	\$14,600	\$250	\$14,350	\$500	\$14,100
12-Month Employee	\$8,357	\$6,850	\$0	\$0	\$0	\$3,500	\$0	\$11,707	\$250	\$11,457	\$500	\$11,207
Grandfathered Employee	\$6,964	\$6,850	\$0	\$0	\$0	\$3,450	\$0	\$10,364	\$250	\$10,114	\$500	\$9,864
BlueEdge Select HSA 80/20 Percent In Network • Health Savings Account												
	Premium	Deductible	Coinsurance	Copay	Max Copay	HSA	FSA	Max OP	Well 1 Yr	Max OP W1	Well 2 Yrs+	Max OP W2
Total Costs	\$22,147	\$5,000	\$1,850	\$0	\$0							
Employee	\$8,859	\$5,000	\$1,850	\$0	\$0	\$1,000	\$0	\$14,709	\$250	\$14,459	\$500	\$14,209
Longevity Employee	\$7,752	\$5,000	\$1,850	\$0	\$0	\$2,000	\$0	\$12,602	\$250	\$12,352	\$500	\$12,102
12-Month Employee	\$6,644	\$5,000	\$1,850	\$0	\$0	\$3,500	\$0	\$9,994	\$250	\$9,744	\$500	\$9,494
Grandfathered Employee	\$5,537	\$5,000	\$1,850	\$0	\$0	\$3,450	\$0	\$8,937	\$250	\$8,687	\$500	\$8,437
Blue Choice Select PPO 80/20 Percent In Network • Preferred Provider Organization												
	Premium	Deductible	Coinsurance	Copay	Max Copay	HSA	FSA	Max OP	Well 1 Yr	Max OP W1	Well 2 Yrs+	Max OP W2
Total Costs	\$25,623	\$7,500	\$2,700	\$30	\$0							
Employee	\$10,249	\$7,500	\$2,700	\$30	\$0	\$0	\$1,000	\$19,449	\$250	\$19,199	\$500	\$18,949
Longevity Employee	\$8,968	\$7,500	\$2,700	\$30	\$0	\$0	\$1,000	\$18,168	\$250	\$17,918	\$500	\$17,668
12-Month Employee	\$7,687	\$7,500	\$2,700	\$30	\$0	\$0	\$1,000	\$16,887	\$250	\$16,637	\$500	\$16,387
Grandfathered Employee	\$6,406	\$7,500	\$2,700	\$30	\$0	\$0	\$1,000	\$15,606	\$250	\$15,356	\$500	\$15,106
Blue Advantage HMO 100 Percent In Network • Health Maintenance Organization												
	Premium	Deductible	Coinsurance	Copay	Max Copay	HSA	FSA	Max OP	Well 1 Yr	Max OP W1	Well 2 Yrs+	Max OP W2
Total Costs	\$27,521	\$0	\$0	\$50	\$3,000							
Employee	\$11,009	\$0	\$0	\$50	\$3,000	\$0	\$0	\$14,009	\$250	\$13,759	\$500	\$13,509
Longevity Employee	\$9,632	\$0	\$0	\$50	\$3,000	\$0	\$0	\$12,632	\$250	\$12,382	\$500	\$12,132
12-Month Employee	\$8,256	\$0	\$0	\$50	\$3,000	\$0	\$0	\$11,256	\$250	\$11,006	\$500	\$10,756
Grandfathered Employee	\$6,880	\$0	\$0	\$50	\$3,000	\$0	\$0	\$9,880	\$250	\$9,630	\$500	\$9,380

Cass School District 63

Vision & Dental Insurance



MetLife Dental

Premium	
<i>Total Cost</i>	\$443.88
Employee	\$42.72
<i>Total Cost</i>	\$992.16
Employee/Spouse	\$95.52
<i>Total Cost</i>	\$904.68
Employee/Child(ren)	\$86.88
<i>Total Cost</i>	\$1453.08
Family	\$139.68
Grandfathered	\$0.00

Eyemed Vision

Premium	
<i>Total Cost</i>	\$67.32
Employee	\$6.72
<i>Total Cost</i>	\$128.04
Employee/Spouse	\$12.72
<i>Total Cost</i>	\$134.88
Employee/Child(ren)	\$13.44
<i>Total Cost</i>	\$198.24
Family	\$19.92
Grandfathered	\$0.00