

Sweetwater County School District #1  
 Health Plan Options - Pre 65 Retirees  
 Monthly Premiums Effective September 1, 2016

<b>PRE 65 RETIREES - MONTHLY PREMIUMS</b>				
<b>\$400 Deductible Grandfathered</b>				
	Health	Dental	Vision	Total
Employee	\$992	Included	Included	\$992
Employee + Children	\$1,904	Included	Included	\$1,904
Employee + Spouse	\$1,864	Included	Included	\$1,864
Family	\$2,559	Included	Included	\$2,559
<b>\$1,000 Deductible</b>				
	Health	Dental	Vision	Total*
Employee	\$790	\$41	\$28	\$859
Employee + Children	\$1,516	\$79	\$54	\$1,649
Employee + Spouse	\$1,485	\$78	\$53	\$1,616
Family	\$2,038	\$107	\$73	\$2,218
<b>\$1,500 High Deductible - Health Savings Account Qualified</b>				
	Health	Dental	Vision	Total*
Employee	\$696	\$41	\$28	\$765
Employee + Children	\$1,336	\$79	\$54	\$1,469
Employee + Spouse	\$1,309	\$78	\$53	\$1,440
Family	\$1,796	\$107	\$73	\$1,976
<b>\$2,500 High Deductible - Health Savings Account Qualified</b>				
	Health	Dental	Vision	Total*
Employee	\$570	\$41	\$28	\$639
Employee + Children	\$1,094	\$79	\$54	\$1,227
Employee + Spouse	\$1,071	\$78	\$53	\$1,202
Family	\$1,470	\$107	\$73	\$1,650

**Total\* - Total monthly premium if stand alone plans for Health, Dental, and Vision are selected.**

## Sweetwater County School District #1

Health Plan Options - Post 65 Retirees **\*\*UPDATED\*\***

Monthly Premiums Effective September 1, 2016 & October 1, 2016

### POST 65 RETIREE

POST 65 RETIREE				
<b>\$400 Deductible Grandfathered</b>	Health	Dental	Vision	Total
Single	\$553	Included	Included	\$553
Two-Party	\$967	Included	Included	\$967

<b>Medicare Supplement type ^</b>	<b>Medical Only</b>	Dental	Vision	Total *
Single	\$211 #	\$54	\$37	\$302
Two-Party	\$370 #	\$94	\$65	\$529

<b>\$1000 Deductible</b>	Health	Dental	Vision	Total *
Single	\$456	\$54	\$37	\$547
Two-Party	\$799	\$94	\$65	\$958

<b>\$1500 High Deductible - Health Savings Account Qualified</b>	Health	Dental	Vision	Total *
Single	\$406	\$54	\$37	\$497
Two-Party	\$711	\$94	\$65	\$870

<b>\$2500 High Deductible - Health Savings Account Qualified</b>	Health	Dental	Vision	Total *
Single	\$339	\$54	\$37	\$430
Two-Party	\$593	\$94	\$65	\$752

\* Total monthly premium if Health, Dental and Vision are selected.

^ Medicare Supplement Type Plan is MEDICAL ONLY. Retiree must find a Medicare Part D supplement for prescription coverage.

# Beginning October 1, 2016 the District is offering a one-time incentive of \$44/month for single or \$75/month for two-party, for a period of 12 months, for any Post 65 Retiree choosing this plan. This one-time incentive is reflected in the rates listed.

Sweetwater County School District #1  
 Health Plan Options - Active  
**Monthly Premiums Effective September 1, 2016**

<b>\$400 Deductible Grandfathered</b>	<b>Health</b>	<b>Dental</b>	<b>Vision</b>	<b>Total</b>
Employee	\$148	Included	Included	\$148
Employee + Children	\$287	Included	Included	\$287
Employee + Spouse	\$689	Included	Included	\$689
Family	\$815	Included	Included	\$815
Dual Employee (Incl. Incentive Retiree)	\$296	Included	Included	\$296
Dual Employee - Family (Incl. Incentive Retiree)	\$408	Included	Included	\$408

<b>\$1,000 Deductible</b>	<b>Health</b>	<b>Dental</b>	<b>Vision</b>	<b>Total*</b>
Employee	\$118	\$6	\$4	\$128
Employee + Children	\$228	\$12	\$8	\$248
Employee + Spouse	\$549	\$29	\$20	\$598
Family	\$649	\$34	\$23	\$706
Dual Employee (Incl. Incentive Retiree)	\$236	\$12	\$8	\$256
Dual Employee - Family (Incl. Incentive Retiree)	\$346	\$18	\$12	\$376

<b>\$1,500 High Deductible - Health Savings Account Qualified</b>	<b>Health</b>	<b>Dental</b>	<b>Vision</b>	<b>Total*</b>
Employee	\$104	\$6	\$4	\$114
Employee + Children	\$201	\$12	\$8	\$221
Employee + Spouse	\$484	\$29	\$20	\$533
Family	\$572	\$34	\$23	\$629
Dual Employee (Incl. Incentive Retiree)	\$208	\$12	\$8	\$228
Dual Employee - Family (Incl. Incentive Retiree)	\$305	\$18	\$12	\$335

<b>\$2,500 High Deductible - Health Savings Account Qualified</b>	<b>Health</b>	<b>Dental</b>	<b>Vision</b>	<b>Total*</b>
Employee	\$85	\$6	\$4	\$95
Employee + Children	\$165	\$12	\$8	\$185
Employee + Spouse	\$396	\$29	\$20	\$445
Family	\$468	\$34	\$23	\$525
Dual Employee (Incl. Incentive Retiree)	\$170	\$12	\$8	\$190
Dual Employee - Family (Incl. Incentive Retiree)	\$250	\$18	\$12	\$280

**Total\* - Total monthly premium if stand alone plans for Health, Dental, and Vision are selected.**