

# JSD Benefit Comparison Plan Year July 2024—June 2025

BENEFIT	High Deductible Health Plan (HDHP)	Economy	Standard
<b>Medical</b> <b>Premera BCBS of AK</b> Annual Deductible	\$2000 / Individual \$4000 / Family  <small>*if enrolled on family plan, you must meet the family deductible prior to plan paying 80% of allowable</small>	\$700 / Individual \$1400 / Family  <small>*if enrolled on family plan, the plan starts to pay after an individual meets the deductible required</small>	\$350 / Individual \$700 / Family  <small>*if enrolled on family plan, the plan starts to pay after an individual meets the deductible level required</small>
<b>Plan Pays</b>	80% of the allowable amount in-network (after deductible)  100% of the allowable amount in-network (after out-of-pocket max)	80% of the allowable amount in-network (after deductible)  100% of the allowable amount in-network (after out-of-pocket max)	80% of the allowable amount in-network (after deductible)  100% of the allowable amount in-network (after out-of-pocket max)
Out of Pocket Limit (including Deductible)	\$4000 (Individual) \$8000 (Family)  <small>*if enrolled on family plan, you must meet the family Out-of-Pocket max prior to plan paying 100% of allowable</small>	\$3000 (Individual) \$6000 (2 member Family) \$8000 (3+ member Family)  <small>*if enrolled on family plan, the plan starts to pay after an individual meets the Out-of-Pocket level required</small>	\$1850 (Individual) \$3700 (2 member Family) \$5200 (3+ member Family)  <small>*if enrolled on family plan, the plan starts to pay after an individual meets the Out-of-Pocket level required</small>
<b>Emergency Room Visit</b>	Deductible/Coinsurance	\$150 Co-pay	\$150 Co-pay
<b>Annual/Lifetime Maximum</b>	None	None	None
<b>Prescription Drugs</b> <b>Premera BCBS of AK</b>  <b>30 = Retail Pharmacy Fill</b> <b>90 = Mail Order Pharmacy Fill</b>	Deductible/Coinsurance  Preferred Generic      Ded/Coins Preferred Brand          Ded/Coins Preferred Specialty      Ded/Coins Non-preferred (Generic, Brand & Specialty)      Ded/Coins  <small>*Some preventive drugs have deductible waived</small>	\$150 deductible/Max OOP \$2000  Preferred Generic    \$10 copay    30/90 Preferred Brand      \$35 copay    30/90 Preferred Specialty    \$55 copay    30 day mail Non-preferred (Generic, Brand & Specialty)    \$150 copay    30/90	\$75 deductible/Max OOP \$1450  Preferred Generic    \$10 copay    30/90 Preferred Brand      \$25 copay    30/90 Preferred Specialty    \$45 copay    30 day mail Non-preferred (Generic, Brand & Specialty)    \$100 copay    30/90
EO Cont. Biweekly	<b>\$93.23</b>	<b>\$146.63</b>	<b>\$197.63</b>
Healthy Rewards EE	<b>\$43.23</b>	<b>\$96.63</b>	<b>\$147.63</b>
EE/ Family Biweekly	<b>\$172.23</b>	<b>\$251.23</b>	<b>\$323.63</b>
Healthy Rewards Family	<b>\$122.23</b>	<b>\$201.23</b>	<b>\$273.63</b>

**Juneau School District Employer Contribution to Health, Rx, Dental & Vision per month per full time employee: \$1634.00**

<p><b><u>Vision</u></b>  <b>Premera BCBS of AK</b></p>	<p>100% of the allowable charges for Exam/lenses 1x PPY  Frames/contacts: \$200 (Per Benefit Year)</p>	<p><b>Bi-weekly Employee Contributions:</b>  <b>Employee Only—\$3.50      Family—\$6.80</b></p>
<p><b><u>Dental</u></b>  <b>Premera BCBS of AK</b>  Annual Deductible</p>	<p>\$50 / Individual  \$150 / Family</p>	
<p><b>Basic Coverage</b>  (No employee contribution for basic dental coverage)</p>	<p>Preventive cleanings—100% of the allowable amount per member per plan year  General Services—80% of the allowable charges  Major Services—50% of the allowable charges  \$2000.00 Maximum coverage limit per member per plan year</p>	
<p><b>Dental Buy-Up Plan</b></p>	<p><b>Buy-up option:</b></p> <ul style="list-style-type: none"> <li>• Deductible &amp; Preventive same as above</li> <li>• General Services—80% of allowable charges</li> <li>• Major Services—80% of allowable charges</li> <li>• \$3000.00 Maximum coverage limit per member per plan year</li> <li>• \$2500.00 Lifetime coverage for orthodontia per member</li> </ul>	<p><b>Bi-weekly Employee Contributions:</b>  <b>Employee Only—\$21.00      Family—\$34.50</b></p>