

**ESSDACK Health Insurance Plan**  
 Blue Choice Comprehensive Major Medical - Triple Option  
 October 1, 2024 – September 30, 2025  
**2024 Grandfathered Plan Options**

	<b>\$800 Deductible</b>	<b>\$1,600 Deductible</b>	<b>\$2,400 Deductible</b>
<b>Preventive Care</b>	100% Coverage, subject to ACA guidelines, if coded as preventive	100% Coverage, subject to ACA guidelines, if coded as preventive	100% Coverage, subject to ACA guidelines, if coded as preventive
<b>Deductible</b>	\$800 per person \$1,600 per family	\$1,600 per person \$3,200 per family	\$2,400 per person \$4,800 per family
<b>Coinsurance</b>	80 / 20 (Plan pays 80%; individual pays 20% to coinsurance maximum)	80 / 20 (Plan pays 80%; individual pays 20% to coinsurance maximum)	80 / 20 (Plan pays 80%; individual pays 20% to coinsurance maximum)
<b>Coinsurance Maximum</b>	\$1,600 per person \$3,200 per family	\$3,200 per person \$6,400 per family	\$4,100 per person \$8,200 per family
<b>Deductible plus Coinsurance Out of Pocket Totals*</b>	\$2,400 per person \$4,800 per family	\$4,800 per person \$9,600 per family	\$6,500 per person \$13,000 per family
<b>Telemedicine</b>	Subject to deductible and coinsurance	Subject to deductible and coinsurance	Subject to deductible and coinsurance
<b>Select Formulary –</b> <i>Mandatory Generic; Prior Authorization; Step Therapy; Quantity Limits; Certain Exclusions may apply</i>	\$15 Generic Copay \$65 Name Brand Copay when no Generic is available, \$65 Plus Cost Difference for Name Brand when Generic is available. Maximum supply: 30 days Extended Supply Network allows for a 90 day supply for 3 copays	\$15 Generic Copay \$65 Name Brand Copay when no Generic is available, \$65 Plus Cost Difference for Name Brand when Generic is available. Maximum supply: 30 days Extended Supply Network allows for a 90 day supply for 3 copays	\$15 Generic Copay \$65 Name Brand Copay when no Generic is available, \$65 Plus Cost Difference for Name Brand when Generic is available. Maximum supply: 30 days Extended Supply Network allows for a 90 day supply for 3 copays
<b>Blue Rx Mail Order– (PrimeMail)</b>  PrimeMail Pharmacy mails medications to your home.	\$37.50 Generic Copay \$147.50 Name Brand Copay when no Generic is available, \$147.50 Plus Cost Difference for Name Brand when Generic is available. Maximum supply: 90 days	\$37.50 Generic Copay \$147.50 Name Brand Copay when no Generic is available, \$147.50 Plus Cost Difference for Name Brand when Generic is available. Maximum supply: 90 days	\$37.50 Generic Copay \$147.50 Name Brand Copay when no Generic is available, \$147.50 Plus Cost Difference for Name Brand when Generic is available. Maximum supply: 90 days
<b>Dependents</b>	Eligible children covered to age 26	Eligible children covered to age 26	Eligible children covered to age 26
<b>Lifetime Maximum</b>	Unlimited	Unlimited	Unlimited

*Pre-admission certification is required on all planned inpatient admissions.*

\* “Deductible Plus Coinsurance Out of Pocket Totals” do not include excess charges of non-contracting providers, additional coinsurance for using non-Blue Choice providers, outpatient prescription drug costs or copays, etc.

**2024 - 2025 Plan Year Monthly Premiums – with ‘Grandfathered’ Contingency**

<b>Plan Option</b>	<b>Employee Only</b>	<b>Family</b>
\$800 Deductible	\$871	\$1,949
\$1,600 Deductible	\$815	\$1,822
\$2,400 Deductible	\$781	\$1,744

**NOTE: Due to the group reserve you have helped build over past years, the above rates are \$30 less per month per single and \$90 less per month per family than the rates delivered by BC/BS.**

**CONTINGENCY ON RATES:** On June 17, 2010, the Interim Final Rules regarding "Grandfathered" Group Health Plans under The Patient Protection and Affordable Care Act (PPACA) were issued. These rates are firm for districts that attest to maintaining their Grandfathered status. Grandfathered Plans cannot decrease the percent of premiums the employer pays by more than five (5) percentage points as compared to the contribution percent at March 23, 2010. All Member Districts will be required to provide the data necessary to make this determination. If a member district is not in compliance, the ESSDACK Health Insurance Group will work with the district to come under compliance. If a member district is not able to come under compliance, the district will move to the Existing Non-Grandfathered Benefit Plan and premium structure.