

**Pontiac School District
Project Excel Full-time Staff
2017-18**

**Blue Care Network.
HMO-500** **\$500/\$1,000 deductible- \$20 office calls, \$4/\$15/\$40/\$80 prescriptions
Most services covered at 90% after deductible or applicable co-pay
See plan document for details**

**Blue Care Network
HMO-HDHP** **\$1,300/\$2,600, deductible -. \$4/\$15/\$40/\$80 prescriptions after deductible has been met
Most services covered at 80% after deductible has been met
Health Savings Account available**

**Employee Cost-Per pay Period
(Based on 21 pays/year)**

HMO Plan	
Single	\$ 19.14
Two Person	\$ 468.93
Three or more	\$ 661.87
HMO-HDHP Plan	
Single	\$ no charge
Two Person	\$ 325.53
Three or more	\$ 482.45