

**Pontiac School District
Project Excel Full-time Staff
2018-19**

**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)**

Note: Pontiac Schools pays for single level coverage only.

HMO Plan
Single **\$ 27.38**
Two Person **\$ 503.07**
Three or more **\$ 706.94**

HMO-HDHP Plan
Single **\$ no charge**
Two Person **\$ 339.50**
Three or more **\$ 502.47**