



Bethlehem Central Schools

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HEALTH INSURANCE PREMIUM ANNOUNCEMENT

Effective July 1, 2009 through June 30, 2010

Monthly Rates for Active BCTA Employees

<u>Blue Shield Par Plus (Indemnity-TB907)</u>	Monthly Premium	Monthly Employer Share	Monthly Employee Share	Bi-Monthly Employee Share
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All Instructional Employees				
Individual Coverage	\$511.44	\$460.30	\$51.14	\$25.57
Two person Coverage	\$1,050.83	\$840.66	\$210.17	\$105.09
Individual + Dependents	\$1,425.85	\$1,140.68	\$285.17	\$142.59

Annual Deductible: \$250 Individual; \$500 Family

<u>Capital District Physicians Health Plan</u>	Monthly Premium	Monthly Employer Share	Monthly Employee Share	Bi-Monthly Employee Share
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All Instructional Employees				
Individual Coverage	\$466.41	\$419.77	\$46.64	\$23.32
2-Person Plan	\$932.83	\$746.26	\$186.57	\$93.29
Family (more than 2)	\$1,236.92	\$989.54	\$247.38	\$123.69

EPO-Office Co-Pay: \$15

Annual deductible: None

<u>Blue Shield Secure Blue Preferred (PPO)</u>	Monthly Premium	Monthly Employer Share	Monthly Employee Share	Bi-Monthly Employee Share
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All Instructional Employees				
Individual Coverage	\$430.71	\$387.64	\$43.07	\$21.54
2-Person Plan	\$902.98	\$722.38	\$180.60	\$90.30
Individual + Dependents	\$1,256.25	\$1,005.00	\$251.25	\$125.63

In-Network (any participating physician in any location) No deductible, \$15 Copay

Out-Of-Network: (any physician not participating with Blue Shield);

Annual deductible: \$250 Individual; \$500 Family

EXPRESS SCRIPTS DRUG COVERAGE:

(Express Scripts premium is included in each health insurance calculation above.)

ALL PLANS - DRUG COVERAGE:

\$5.00-Generic; \$15.00-Brand Name; \$30.00-Non Formulary

MAIL ORDER - ALL PLANS - DRUG COVERAGE:

\$10.00-Generic; \$30.00-Brand Name; \$60.00-Non Formulary

For additional benefit information, please refer to the 2009-10 benefit comparison worksheet.