

## WEBT Trust / Blue Cross & Blue Shield

### Health Insurance Plans July 1, 2023 - June 30, 2024

Option to change plans will be each May to be effective the following July 1st

Open enrollment to add dependents will be each November to be effective the following January 1st

PLAN A WEBT Plan 3		Employee Share Per Year / Share Per Month	District Share Per Year / Share per Month	Total Premium Per Year / Per Month	Deductible \$1,000.00 / \$2,000.00
Deductible \$1,000.00	Single	\$2,640 year / \$220 month	\$15,408 year/ \$1284 month	\$18,048 year/ \$1504 month	Office co-pay \$35.00 20% of next \$7,500.00 for \$1,500.00
Per Person	Family	\$5,952 year/ \$496 month	\$24,840 year/ \$2070 month	\$30,792 year/ \$2,566 month	Total out of pocket is \$2,500.00 / \$5,000.00
	Family 2 Emp	\$1,464 year/ \$122 month	\$29,328 year/ \$2444 month	\$30,792 year/ \$2,566 month	**RX card & Wellness

PLAN B WEBT Plan 4		Employee Share Per Month	District Share Per Month	Total Premium Per Month	Deductible \$1,500.00 / \$3,000.00
Deductible \$1,500.00	Single	\$1164 year/ \$97 month	\$15,636 year/ \$1303 month	\$16,800.00 year/ \$1400 month	Office co-pay \$40.00 20% of next \$7,500.00 for \$1,500.00
Per Person	Family	\$3180 year/ \$265 month	\$24,936 year/ \$2078 month	\$28,116 year/ \$2343 month	Total out of pocket is \$3,000.00 / \$6,000.00
	Family 2 Emp	\$0.00	\$28,116 year/ \$2343 month	\$28,116 year/ \$2343 month	**RX card & Wellness

PLAN C WEBT Plan 5		Employee Share Per Month	District Share Per Month	Total Premium Per Month	Deductible \$2,500.00 / \$5,000.00
Deductible \$2,500.00	Single	\$0	\$14,244 year/ \$1187 month	\$14,244 year/ \$1187 month	Office co-pay \$45.00 20% of next \$7,500.00 for \$1,500.00
Per Person	Family	\$2400 year/ \$200 month	\$21,900 year/ \$1825 month	\$24,300.00 year/ \$2025 month	Total out of pocket is \$4,000.00 / \$8,000.00
	Family 2 Emp	\$0.00	\$24,300.00 year/ \$2025 month	\$24,300.00 year/ \$2025 month	**RX card & Wellness

\*\*Prescription Drugs for all above plans

Retail 30 day supply—\$15 generic, \$40 listed brand, \$60 non-listed brand, Specialty RX 20%. \$1500 out of pocket max for RX.  
Mail Order 90 day supply—\$30 generic, \$80 listed brand, \$120 non-listed brand, Specialty RX 20%. \$1500 out of pocket max for RX.