

WESTERN TECHNICAL COLLEGE

2019 EMPLOYEE MONTHLY COST	HEALTH INSURANCE-BCBS	
	MM14	MMH2
	Co-Pay	HSA
TOTAL INSURANCE COST	\$ 525.80	\$ 403.66
EMPLOYEE	\$ 78.87	\$ 60.55
EMPLOYEE & SPOUSE	\$ 658.47	\$ 505.52
EMPLOYEE & CHILDREN	\$ 486.13	\$ 373.20
EMPLOYEE & FAMILY	\$ 1,065.76	\$ 818.17

BCBS DENTAL	GUARDIAN VISION
\$ 39.40	\$ 8.49
\$ 39.40	\$ 8.49
\$ 87.24	\$ 14.30
\$ 83.49	\$ 14.59
\$ 135.54	\$ 23.08

PRE-TAX

2019 EMPLOYEE BIWEEKLY COST	HEALTH INSURANCE-BCBS	
	MM14	MMH2
TOTAL INSURANCE COST	\$ 242.68	\$ 186.30
EMPLOYEE	\$ 36.40	\$ 27.95
EMPLOYEE & SPOUSE	\$ 303.91	\$ 233.32
EMPLOYEE & CHILDREN	\$ 224.37	\$ 172.25
EMPLOYEE & FAMILY	\$ 491.89	\$ 377.62

BCBS DENTAL	GUARDIAN VISION
\$ 18.18	\$ 3.92
\$ 40.26	\$ 6.60
\$ 38.53	\$ 6.73
\$ 62.56	\$ 10.65

Benefits	MM14	MMH2
Single Deductible	\$ 1,500.00	\$ 3,000.00
Family Deductible	\$ 4,500.00	\$ 6,000.00
Co-insurance	80%	100%
Individual- Out of Pocket Maximum	\$ 4,500.00	\$ 3,000.00
Family- Out of Pocket Maximum	\$ 10,200.00	\$ 6,000.00
Hospitalization	20% after deductible	Covered in full after deductible
ER Facility	20% after \$100.00 copay/visit	
ER Physician	20% after deductible	
Office Visit/Co-pay	\$20.00/\$20.00	
Urgent Care	\$ 45.00	
Maternity	As any illness	As any illness
Lifetime Maximum	Unlimited	Unlimited
Additional Benefits	N/A	Health Savings Account (HSA), to save pre-tax money.
	N/A	HSA Employer Contribution with EE contribution-Match up to \$15.00 per pay period

Prescription Drugs	MM14	MMH2
RX OPX-IND/FAM	\$1,000.00/\$3,000.00	N/A
Deductible	N/A	N/A
Preferred Generic Drugs	\$15.00-\$20.00	Covered in full after deductible
Non Preferred Generic Drugs	\$15.00-\$20.00	
Preferred Brand	\$40.00-\$50.00	
Non Preferred Brand	\$45.00-\$55.00	
Specialty	\$55.00-\$65.00	