

**SCOTIA-GLENVILLE CENTRAL SCHOOL DISTRICT  
HEALTH AND DENTAL INSURANCE  
FISCAL 2023-2024**

	COST OF PLANS					EMPLOYEE COST OF PLAN PER MONTH BY APPLICABLE PERCENTAGE															
	Month	Annual	54.50%	52.5%	50%	49%	47%	45%	40%	34%	31%	30%	29%	25%	19%	17%	15%	14%	13%	12%	11%

**Drug Key - G = Generic, F = Formulary, NF = Non Formulary**

**Highmark Blue Shield of NE NY PPO 800 \$25 Copay**

Drug - \$5G, \$20F, \$35NF	Month	Annual	54.50%	52.5%	50%	49%	47%	45%	40%	34%	31%	30%	29%	25%	19%	17%	15%	14%	13%	12%	11%	10%
Individual	\$ 840.15	\$ 10,081.80	\$ 457.88	\$ 441.08	\$ 420.08	\$ 411.67	\$ 394.87	\$ 378.07	\$ 336.06	\$ 285.65	\$ 260.45	\$ 252.05	\$ 243.64	\$ 210.04	\$ 159.63	\$ 142.83	\$ 126.02	\$ 117.62	\$109.22	\$100.82	\$ 92.42	\$ 84.02
Family	\$ 2,141.73	\$ 25,700.76	\$1,167.24	\$ 1,124.41	\$1,070.87	\$1,049.45	\$ 1,006.61	\$ 963.78	\$ 856.69	\$ 728.19	\$ 663.94	\$ 642.52	\$ 621.10	\$ 535.43	\$ 406.93	\$ 364.09	\$ 321.26	\$ 299.84	\$278.42	\$257.01	\$235.59	\$ 214.17
Individual Medicare	\$ 789.78	\$ 9,477.36	\$ 430.43	\$ 414.63	\$ 394.89	\$ 386.99	\$ 371.20	\$ 355.40	\$ 315.91	\$ 268.53	\$ 244.83	\$ 236.93	\$ 229.04	\$ 197.45	\$ 150.06	\$ 134.26	\$ 118.47	\$ 110.57	\$102.67	\$ 94.77	\$ 86.88	\$ 78.98

**Highmark Blue Shield of NE NY POS 200 \$25 Copay**

Drug - \$5G, \$20F, \$35NF	Month	Annual	54.50%	52.5%	50%	49%	47%	45%	40%	34%	31%	30%	29%	25%	19%	17%	15%	14%	13%	12%	11%	10%
Individual	\$ 734.90	\$ 8,818.80	\$ 400.52	\$ 385.82	\$ 367.45	\$ 360.10	\$ 345.40	\$ 330.71	\$ 293.96	\$ 249.87	\$ 227.82	\$ 220.47	\$ 213.12	\$ 183.73	\$ 139.63	\$ 124.93	\$ 110.24	\$ 102.89	\$ 95.54	\$ 88.19	\$ 80.84	\$ 73.49
Family	\$ 1,963.64	\$ 23,563.68	\$1,070.18	\$ 1,030.91	\$ 981.82	\$ 962.18	\$ 922.91	\$ 883.64	\$ 785.46	\$ 667.64	\$ 608.73	\$ 589.09	\$ 569.46	\$ 490.91	\$ 373.09	\$ 333.82	\$ 294.55	\$ 274.91	\$255.27	\$235.64	\$216.00	\$ 196.36
Individual Medicare	\$ 683.56	\$ 8,202.72	\$ 372.54	\$ 358.87	\$ 341.78	\$ 334.94	\$ 321.27	\$ 307.60	\$ 273.42	\$ 232.41	\$ 211.90	\$ 205.07	\$ 198.23	\$ 170.89	\$ 129.88	\$ 116.21	\$ 102.53	\$ 95.70	\$ 88.86	\$ 82.03	\$ 75.19	\$ 68.36

**Capital District Physicians Health Plan (CDPHP) EPO \$25 Copay**

Drug - \$5G, \$25F, \$40NF	Month	Annual	54.50%	52.5%	50%	49%	47%	45%	40%	34%	31%	30%	29%	25%	19%	17%	15%	14%	13%	12%	11%	10%
Individual	\$ 896.67	\$ 10,760.04	\$ 488.69	\$ 470.75	\$ 448.34	\$ 439.37	\$ 421.43	\$ 403.50	\$ 358.67	\$ 304.87	\$ 277.97	\$ 269.00	\$ 260.03	\$ 224.17	\$ 170.37	\$ 152.43	\$ 134.50	\$ 125.53	\$116.57	\$107.60	\$ 98.63	\$ 89.67
Family	\$ 2,289.00	\$ 27,468.00	\$1,247.51	\$ 1,201.73	\$1,144.50	\$1,121.61	\$ 1,075.83	\$ 1,030.05	\$ 915.60	\$ 778.26	\$ 709.59	\$ 686.70	\$ 663.81	\$ 572.25	\$ 434.91	\$ 389.13	\$ 343.35	\$ 320.46	\$297.57	\$274.68	\$251.79	\$ 228.90
Individual Medicare	\$ 896.67	\$ 10,760.04	\$ 488.69	\$ 470.75	\$ 448.34	\$ 439.37	\$ 421.43	\$ 403.50	\$ 358.67	\$ 304.87	\$ 277.97	\$ 269.00	\$ 260.03	\$ 224.17	\$ 170.37	\$ 152.43	\$ 134.50	\$ 125.53	\$116.57	\$107.60	\$ 98.63	\$ 89.67

**MEDICARE ADVANTAGE PLANS EFFECTIVE 7/1/2023**

Individual Plans	Month	Annual	54.50%	52.5%	50%	49%	47%	45%	40%	34%	31%	30%	29%	25%	19%	17%	15%	14%	13%	12%	11%	10%
CDPHP MAP	\$ 467.35	\$ 5,608.20	\$ 254.71	\$ 245.36	\$ 233.68	\$ 229.00	\$ 219.65	\$ 210.31	\$ 186.94	\$ 158.90	\$ 144.88	\$ 140.21	\$ 135.53	\$ 116.84	\$ 88.80	\$ 79.45	\$ 70.10	\$ 65.43	\$ 60.76	\$ 56.08	\$ 51.41	\$ 46.74
BS MAP PPO In and Out of Area	\$ 673.75	\$ 8,085.00	\$ 367.19	\$ 353.72	\$ 336.88	\$ 330.14	\$ 316.66	\$ 303.19	\$ 269.50	\$ 229.08	\$ 208.86	\$ 202.13	\$ 195.39	\$ 168.44	\$ 128.01	\$ 114.54	\$ 101.06	\$ 94.33	\$ 87.59	\$ 80.85	\$ 74.11	\$ 67.38

**Highmark BlueShield of NE NY DENTAL**

Instructional	Month	Annual	80%	75%	70%	65%	62.5%	47.5%	50%	37.5%	30%
Individual	\$ 35.54	\$ 426.48	\$ 28.43	\$ 26.66	\$ 24.88	\$ 23.10	\$ 22.21	\$ 16.88	\$ 17.77	\$ 13.33	\$ 10.66
Family	\$ 106.32	\$ 1,275.84	\$ 85.06	\$ 79.74	\$ 74.42	\$ 69.11	\$ 66.45	\$ 50.50	\$ 53.16	\$ 39.87	\$ 31.90

Non-Instructional	Month	Annual	80.0%	70%	60%	55%	40%
Individual	\$ 35.54	\$ 426.48	\$ 28.43	\$ 24.88	\$ 21.32	\$ 19.55	\$ 14.22
Family	\$ 106.32	\$ 1,275.84	\$ 85.06	\$ 74.42	\$ 63.79	\$ 58.48	\$ 42.53