

SCOTIA-GLENVILLE CENTRAL SCHOOL DISTRICT
HEALTH AND DENTAL INSURANCE
FISCAL 2024-2025

	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%	29%	25%	17%	16%	15%	14%	13%	12%	10%

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%	29%	25%	17%	16%	15%	14%	13%	12%	10%
Individual	\$ 972.51	\$ 11,670.12	\$ 530.02	\$ 510.57	\$ 486.26	\$ 476.53	\$ 457.08	\$ 437.63	\$ 389.00	\$ 330.65	\$ 301.48	\$ 282.03	\$ 243.13	\$ 165.33	\$ 155.60	\$ 145.88	\$ 136.15	\$126.43	\$116.70	\$ 97.25
Family	\$ 2,485.45	\$ 29,825.40	\$1,354.57	\$ 1,304.86	\$1,242.73	\$1,217.87	\$ 1,168.16	\$1,118.45	\$ 994.18	\$ 845.05	\$ 770.49	\$ 720.78	\$ 621.36	\$ 422.53	\$ 397.67	\$ 372.82	\$ 347.96	\$323.11	\$298.25	\$ 248.55
Individual Medicare	\$ 951.01	\$ 11,412.12	\$ 518.30	\$ 499.28	\$ 475.51	\$ 465.99	\$ 446.97	\$ 427.95	\$ 380.40	\$ 323.34	\$ 294.81	\$ 275.79	\$ 237.75	\$ 161.67	\$ 152.16	\$ 142.65	\$ 133.14	\$123.63	\$114.12	\$ 95.10

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%	29%	25%	17%	16%	15%	14%	13%	12%	10%
Individual	\$ 856.21	\$ 10,274.52	\$ 466.63	\$ 449.51	\$ 428.11	\$ 419.54	\$ 402.42	\$ 385.29	\$ 342.48	\$ 291.11	\$ 265.43	\$ 248.30	\$ 214.05	\$ 145.56	\$ 136.99	\$ 128.43	\$ 119.87	\$111.31	\$102.75	\$ 85.62
Family	\$ 2,288.66	\$ 27,463.92	\$1,247.32	\$ 1,201.55	\$1,144.33	\$1,121.44	\$ 1,075.67	\$1,029.90	\$ 915.46	\$ 778.14	\$ 709.48	\$ 663.71	\$ 572.17	\$ 389.07	\$ 366.19	\$ 343.30	\$ 320.41	\$297.53	\$274.64	\$ 228.87
Individual Medicare	\$ 833.64	\$ 10,003.68	\$ 454.33	\$ 437.66	\$ 416.82	\$ 408.48	\$ 391.81	\$ 375.14	\$ 333.46	\$ 283.44	\$ 258.43	\$ 241.76	\$ 208.41	\$ 141.72	\$ 133.38	\$ 125.05	\$ 116.71	\$108.37	\$100.04	\$ 83.36

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%	29%	25%	17%	16%	15%	14%	13%	12%	10%
Individual	\$ 900.32	\$ 10,803.84	\$ 490.67	\$ 472.67	\$ 450.16	\$ 441.16	\$ 423.15	\$ 405.14	\$ 360.13	\$ 306.11	\$ 279.10	\$ 261.09	\$ 225.08	\$ 153.05	\$ 144.05	\$ 135.05	\$ 126.04	\$117.04	\$108.04	\$ 90.03
Family	\$ 2,297.57	\$ 27,570.84	\$1,252.18	\$ 1,206.22	\$1,148.79	\$1,125.81	\$ 1,079.86	\$1,033.91	\$ 919.03	\$ 781.17	\$ 712.25	\$ 666.30	\$ 574.39	\$ 390.59	\$ 367.61	\$ 344.64	\$ 321.66	\$298.68	\$275.71	\$ 229.76
Individual Medicare	\$ 900.32	\$ 10,803.84	\$ 490.67	\$ 472.67	\$ 450.16	\$ 441.16	\$ 423.15	\$ 405.14	\$ 360.13	\$ 306.11	\$ 279.10	\$ 261.09	\$ 225.08	\$ 153.05	\$ 144.05	\$ 135.05	\$ 126.04	\$117.04	\$108.04	\$ 90.03

MEDICARE ADVANTAGE PLANS EFFECTIVE 7/1/2024

Individual Plans	Month	Annual	54.50%	52.5%	50%	49%	47%	45%	40%	34%	31%	29%	25%	17%	16%	15%	14%	13%	12%	10%
CDPHP MAP	\$ 585.80	\$ 7,029.60	\$ 319.26	\$ 307.55	\$ 292.90	\$ 287.04	\$ 275.33	\$ 263.61	\$ 234.32	\$ 199.17	\$ 181.60	\$ 169.88	\$ 146.45	\$ 99.59	\$ 93.73	\$ 87.87	\$ 82.01	\$ 76.15	\$ 70.30	\$ 58.58
BS MAP PPO In and Out of Area	\$ 764.08	\$ 9,168.96	\$ 416.42	\$ 401.14	\$ 382.04	\$ 374.40	\$ 359.12	\$ 343.84	\$ 305.63	\$ 259.79	\$ 236.86	\$ 221.58	\$ 191.02	\$ 129.89	\$ 122.25	\$ 114.61	\$ 106.97	\$ 99.33	\$ 91.69	\$ 76.41

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