

**SCOTIA-GLENVILLE CENTRAL SCHOOL DISTRICT  
HEALTH AND DENTAL INSURANCE  
FISCAL 2025-2026**

	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%	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	54.5%	52.5%	50%	49%	47%	45%	40%	34%	31%	30%	25%	17%	16%	15%	14%	13%	12%	10%
Individual	\$ 1,144.91	\$ 13,738.92	\$ 623.98	\$ 601.08	\$ 572.46	\$ 561.01	\$ 538.11	\$ 515.21	\$ 457.96	\$ 389.27	\$ 354.92	\$ 343.47	\$ 286.23	\$ 194.63	\$ 183.19	\$ 171.74	\$ 160.29	\$148.84	\$137.39	\$ 114.49
Family	\$ 2,934.12	\$ 35,209.44	\$1,599.10	\$ 1,540.41	\$1,467.06	\$1,437.72	\$ 1,379.04	\$1,320.35	\$ 1,173.65	\$ 997.60	\$ 909.58	\$ 880.24	\$ 733.53	\$ 498.80	\$ 469.46	\$ 440.12	\$ 410.78	\$381.44	\$352.09	\$ 293.41
Individual Medicare	\$ 1,160.57	\$ 13,926.84	\$ 632.51	\$ 609.30	\$ 580.29	\$ 568.68	\$ 545.47	\$ 522.26	\$ 464.23	\$ 394.59	\$ 359.78	\$ 348.17	\$ 290.14	\$ 197.30	\$ 185.69	\$ 174.09	\$ 162.48	\$150.87	\$139.27	\$ 116.06

**Highmark Blue Shield of NE NY PPO 800 \$25 Copay FHM (ADMIN, SECRETARIES, LOCAL 766, MGMT CONF)**

Drug \$5G, \$20F, \$35NF	Month	Annual	54.5%	52.5%	50%	49%	47%	45%	40%	34%	31%	30%	25%	17%	16%	15%	14%	13%	12%	10%
Individual	\$ 1,115.32	\$ 13,383.84	\$ 607.85	\$ 585.54	\$ 557.66	\$ 546.51	\$ 524.20	\$ 501.89	\$ 446.13	\$ 379.21	\$ 345.75	\$ 334.60	\$ 278.83	\$ 189.60	\$ 178.45	\$ 167.30	\$ 156.14	\$144.99	\$133.84	\$ 111.53
Family	\$ 2,854.73	\$ 34,256.76	\$1,555.83	\$ 1,498.73	\$1,427.37	\$1,398.82	\$ 1,341.72	\$1,284.63	\$ 1,141.89	\$ 970.61	\$ 884.97	\$ 856.42	\$ 713.68	\$ 485.30	\$ 456.76	\$ 428.21	\$ 399.66	\$371.11	\$342.57	\$ 285.47
Individual Medicare	\$ 1,108.22	\$ 13,298.64	\$ 603.98	\$ 581.82	\$ 554.11	\$ 543.03	\$ 520.86	\$ 498.70	\$ 443.29	\$ 376.79	\$ 343.55	\$ 332.47	\$ 277.06	\$ 188.40	\$ 177.32	\$ 166.23	\$ 155.15	\$144.07	\$132.99	\$ 110.82

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

Drug -\$5G, \$20F, \$35NF	Month	Annual	54.5%	52.5%	50%	49%	47%	45%	40%	34%	31%	30%	25%	17%	16%	15%	14%	13%	12%	10%
Individual	\$ 1,014.08	\$ 12,168.96	\$ 552.67	\$ 532.39	\$ 507.04	\$ 496.90	\$ 476.62	\$ 456.34	\$ 405.63	\$ 344.79	\$ 314.36	\$ 304.22	\$ 253.52	\$ 172.39	\$ 162.25	\$ 152.11	\$ 141.97	\$131.83	\$121.69	\$ 101.41
Family	\$ 2,712.73	\$ 32,552.76	\$1,478.44	\$ 1,424.18	\$1,356.37	\$1,329.24	\$ 1,274.98	\$1,220.73	\$ 1,085.09	\$ 922.33	\$ 840.95	\$ 813.82	\$ 678.18	\$ 461.16	\$ 434.04	\$ 406.91	\$ 379.78	\$352.65	\$325.53	\$ 271.27
Individual Medicare	\$ 1,028.53	\$ 12,342.36	\$ 560.55	\$ 539.98	\$ 514.27	\$ 503.98	\$ 483.41	\$ 462.84	\$ 411.41	\$ 349.70	\$ 318.84	\$ 308.56	\$ 257.13	\$ 174.85	\$ 164.56	\$ 154.28	\$ 143.99	\$133.71	\$123.42	\$ 102.85

**Highmark Blue Shield of NE NY POS 200 \$25 Copay FHM (ADMIN, SECRETARUES, LOCAL 766, MGMT CONF)**

Drug -\$5G, \$20F, \$35NF	Month	Annual	54.5%	52.5%	50%	49%	47%	45%	40%	34%	31%	30%	25%	17%	16%	15%	14%	13%	12%	10%
Individual	\$ 984.49	\$ 11,813.88	\$ 536.55	\$ 516.86	\$ 492.25	\$ 482.40	\$ 462.71	\$ 443.02	\$ 393.80	\$ 334.73	\$ 305.19	\$ 295.35	\$ 246.12	\$ 167.36	\$ 157.52	\$ 147.67	\$ 137.83	\$127.98	\$118.14	\$ 98.45
Family	\$ 2,633.34	\$ 31,600.08	\$1,435.17	\$ 1,382.50	\$1,316.67	\$1,290.34	\$ 1,237.67	\$1,185.00	\$ 1,053.34	\$ 895.34	\$ 816.34	\$ 790.00	\$ 658.34	\$ 447.67	\$ 421.33	\$ 395.00	\$ 368.67	\$342.33	\$316.00	\$ 263.33
Individual Medicare	\$ 976.18	\$ 11,714.16	\$ 532.02	\$ 512.49	\$ 488.09	\$ 478.33	\$ 458.80	\$ 439.28	\$ 390.47	\$ 331.90	\$ 302.62	\$ 292.85	\$ 244.05	\$ 165.95	\$ 156.19	\$ 146.43	\$ 136.67	\$126.90	\$117.14	\$ 97.62

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

Drug -\$5G, \$25F, \$40NF	Month	Annual	54.5%	52.5%	50%	49%	47%	45%	40%	34%	31%	30%	25%	17%	16%	15%	14%	13%	12%	10%
Individual	\$ 974.43	\$ 11,693.16	\$ 531.06	\$ 511.58	\$ 487.22	\$ 477.47	\$ 457.98	\$ 438.49	\$ 389.77	\$ 331.31	\$ 302.07	\$ 292.33	\$ 243.61	\$ 165.65	\$ 155.91	\$ 146.16	\$ 136.42	\$126.68	\$116.93	\$ 97.44
Family	\$ 2,487.65	\$ 29,851.80	\$1,355.77	\$ 1,306.02	\$1,243.83	\$1,218.95	\$ 1,169.20	\$1,119.44	\$ 995.06	\$ 845.80	\$ 771.17	\$ 746.30	\$ 621.91	\$ 422.90	\$ 398.02	\$ 373.15	\$ 348.27	\$323.39	\$298.52	\$ 248.77
Individual Medicare	\$ 974.43	\$ 11,693.16	\$ 531.06	\$ 511.58	\$ 487.22	\$ 477.47	\$ 457.98	\$ 438.49	\$ 389.77	\$ 331.31	\$ 302.07	\$ 292.33	\$ 243.61	\$ 165.65	\$ 155.91	\$ 146.16	\$ 136.42	\$126.68	\$116.93	\$ 97.44

**MEDICARE ADVANTAGE PLANS EFFECTIVE 7/1/25 (RETIRED TCHR, TA, ADMIN, SECRETARIES, LOCAL 766, AIDES & MONITORS, MGMT CONF)**

Individual Plans	Month	Annual	54.5%	52.5%	50%	49%	47%	45%	40%	34%	31%	30%	25%	17%	16%	15%	14%	13%	12%	10%
CDPHP MAP	\$ 707.38	\$ 8,488.56	\$ 385.52	\$ 371.37	\$ 353.69	\$ 346.62	\$ 332.47	\$ 318.32	\$ 282.95	\$ 240.51	\$ 219.29	\$ 212.21	\$ 176.85	\$ 120.25	\$ 113.18	\$ 106.11	\$ 99.03	\$ 91.96	\$ 84.89	\$ 70.74
BS MAP PPO In and Out of Area	\$ 884.80	\$ 10,617.60	\$ 482.22	\$ 464.52	\$ 442.40	\$ 433.55	\$ 415.86	\$ 398.16	\$ 353.92	\$ 300.83	\$ 274.29	\$ 265.44	\$ 221.20	\$ 150.42	\$ 141.57	\$ 132.72	\$ 123.87	\$115.02	\$106.18	\$ 88.48

\*If your percentage isn't shown please take the monthly amount to the left and divide by your % to get your monthly amount.

**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%	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