



2023 Health Care Costs by Unit/Pak**

*Per pay premiums subject in proration (increase) based on hire date
effective through 12-31-2023

Pak A - Choices		JEA - Teachers		JESA 10-month		JESA 12-month		Non-Unit		JESPA		JPSAA	
		Per pay Premiums (24 Pays)		Single: \$111.63 2-person: \$299.17 Family: \$333.64	Single: \$105.29 2-person: \$294.50 Family: \$320.09	Single: \$87.74 2-person: \$245.42 Family: \$266.74	Single: \$87.74 2-person: \$245.42 Family: \$266.74	Single: \$105.29 2-person: \$294.50 Family: \$320.09	Single: \$111.63 2-person: \$299.17 Family: \$333.64				
		Annual Deductible		\$500 S \$1,000 2P/F		\$1,000 Single \$2,000 2-Person & Family						\$500 S \$1,000 2P/F	
		Medical Copayment		\$20 online visit \$20 office visit \$20 specialist visit \$25 urgent care \$50 emergency room									
		Medical Coinsurance		0%									
		Maximums Annual Out-of-Pocket		<u>Medical:</u> \$1,500 S \$3,000 2P/F <u>Prescription:</u> \$1,000 S \$2,000 2P/F		<u>Medical:</u> \$2,000 S \$4,000 2P/F <u>Prescription:</u> \$1,000 S \$2,000 2P/F				<u>Medical:</u> \$1,500 S \$3,000 2P/F <u>Prescription:</u> \$1,000 S \$2,000 2P/F			
		Rx Coverage		Saver Rx									
**		Pak B - is 100% District sponsored dental, vision, life, and LTD coverages for benefit eligible employees. Employees who waive medical coverage may still enroll in Pak B at no cost.											
Pak C - ABC Plan 1		Per pay Premiums (24 Pays)		Single: \$125.45 2-person: \$314.65 Family: \$322.35	Single: \$150.54 2-person: \$377.58 Family: \$386.82	Single: \$125.45 2-person: \$314.65 Family: \$322.35	Single: \$125.45 2-person: \$314.65 Family: \$322.35	Single: \$150.54 2-person: \$377.58 Family: \$386.82	Single: \$111.63 2-person: \$299.17 Family: \$322.35				
		Annual Deductible		Single coverage: \$1,500 2-Person & Family coverage: \$3,000 *Your deductible is subject to change each Jan. 1 according to IRS rules governing HSA-qualified plans. *When two or more lives are covered under this plan, the entire family deductible must be met before claims are paid for any individual.									
		Medical Copayment		Not Applicable with High Deductible Health Savings Account (HSA)									
		Medical Coinsurance		0%									
		Max. Annual Out-of-Pocket		Single coverage: \$2,500 2-Person & Family coverage: \$5,000									
		Rx Coverage		ABC Rx									
		HSA District Contribution/Yr.		Single \$1,500 2-Person & Family \$3,000								Single \$1,156.32 2-Person \$2,628.48 Family \$3,000	
Pak D - Choices		Per pay Premiums (24 Pays)		Single: \$58.82 2-person: \$180.34 Family: \$185.76	Single: \$70.58 2-person: \$216.41 Family: \$222.92	Single: \$58.82 2-person: \$180.34 Family: \$185.76	Single: \$58.82 2-person: \$180.34 Family: \$185.76	Single: \$70.58 2-person: \$216.41 Family: \$222.92	Single: \$58.82 2-person: \$180.34 Family: \$185.76				
		Annual Deductible		\$1,000 S \$2,000 2P/F									
		Medical Copayment		\$20 online visit \$20 office visit \$20 specialist visit \$25 urgent care \$50 emergency room									
		Medical Coinsurance		10%									
		Max. Annual Out-of-Pocket		<u>Medical:</u> \$3,000 Single \$6,000 2-Person & Family <u>Prescription:</u> \$1,000 Single \$2,000 2-Person & Family									
		Rx Coverage		Saver Rx									
		Health Insurance Terms											
		Total out-of-pocket maximum		The most you have to pay for covered medical services and Rx in a calendar year, including deductible, copayments and coinsurance.									
		Coinsurance		A fixed percentage you pay for a medical service or prescription.									
		Copayment		A fixed amount you pay for a medical visit or prescription.									
		Deductible		The amount you pay for covered health care services before your health insurance begins to pay; based on Jan 1-Dec 32 calendar yr.									
		Premium		Your share of the premium that is deducted from your paycheck (pre-tax).									