



RETIREE

Medical Benefits

SUMMARY

- HCS strives to provide all employees and retirees the best and most competitive benefits packet.
- As a retiree, you continue to be eligible to receive the following:
 - Access to all three HCS Ed Health Wellness Clinics FREE of charge
 - Access to care 24 hours a day/7 days a week with TextCare
 - Access to two pharmacies with FREE generic prescriptions and at-cost over-the-counter medications
 - Mail Order Prescriptions from HCS Onsite RX Pharmacies
 - FREE Wellness/Nutritional Coaching
 - FREE Behavioral/Mental Telehealth
 - Ability to continue medical insurance at the rates below (**NOTE:** Dental and vision are available through COBRA for 18 months, immediately following retirement, but medical can continue until age 65.)



MEDICAL CONTRIBUTIONS FOR RETIREES High Deductible Plan

Plan Type	Network	Coverage Type	Monthly Rate
Classified 5-14 Years & Certified 5-9	HDHP	Employee	\$ 334
		EE+Spouse	\$ 590
		EE+Child(ren)	\$ 590
		Child Only	\$ 334
		Spouse Only	\$ 334
		Spouse + Child	\$ 590
		Family	\$ 590
Classified 5-14 Years & Certified 5-9 with Spouse having Employer HDHP Plan	HDHP	Spouse Only	\$ 384
		Spouse + Child	\$ 640
		EE+Spouse	\$ 640
		Family	\$ 690
Certified 10-19 Years	HDHP	Employee	\$ 134
		EE+Spouse	\$ 467
		EE+Child(ren)	\$ 467
		Child Only	\$ 184
		Spouse Only	\$ 184
		Spouse + Child	\$ 590
		Family	\$ 590
Certified 10-19 Years with Spouse having Employer HDHP Plan	HDHP	Spouse Only	\$ 234
		Spouse + Child	\$ 640
		EE+Spouse	\$ 517
		Family	\$ 690
Classified 15+ and Certified 20+ Years	HDHP	Employee	\$ 50
		EE+Spouse	\$ 384
		EE+Child(ren)	\$ 384
		Child Only	\$ 100
		Spouse Only	\$ 100
		Spouse + Child	\$ 550
		Family	\$ 550
Classified 15+ and Certified 20+ Years with Spouse having Employer HDHP Plan	HDHP	Spouse Only	\$ 150
		Spouse + Child	\$ 600
		EE+Spouse	\$ 434
		Family	\$ 650



MEDICAL CONTRIBUTIONS FOR RETIREES (Classified 15 & Certified 20 Years)

Plan Type	Network	Coverage Type	Monthly Rate
Classified 15+ and Certified 20+ Years	Network S & LCP	Employee	\$ 143
		EE+Spouse	\$ 616
		EE+Child(ren)	\$ 510
		Child Only	\$ 143
		Spouse Only	\$ 143
		Spouse + Child	\$ 616
		Family	\$ 805
Classified 15+ and Certified 20+ Years with Spouse having Employer HDHP Plan	Network S & LCP	Spouse Only	\$ 243
		EE+Spouse	\$ 716
		Spouse + Child	\$ 716
		Family	\$ 905
Classified 15+ and Certified 20+ Years	Network P & OAP	Employee	\$ 164
		EE+Spouse	\$ 671
		EE+Child(ren)	\$ 559
		Child Only	\$ 164
		Spouse Only	\$ 164
		Spouse + Child	\$ 671
		Family	\$ 881
Classified 15+ and Certified 20+ Years with Spouse having Employer HDHP Plan	Network P & OAP	Spouse Only	\$ 264
		EE+Spouse	\$ 771
		Spouse + Child	\$ 771
		Family	\$ 981



MEDICAL CONTRIBUTIONS FOR RETIREES (Certified 10-19 Years)

Plan Type	Network	Coverage Type	Monthly Rate
Certified 10-19 Years	Network S & LCP	Employee	\$ 254
		EE+Spouse	\$ 727
		EE+Child(ren)	\$ 621
		Child Only	\$ 254
		Spouse Only	\$ 254
		Spouse + Child	\$ 727
		Family	\$ 805
Certified 10-19 Years with Spouse having Employer HDHP Plan	Network S & LCP	Spouse Only	\$ 354
		Spouse + Child	\$ 827
		EE+Spouse	\$ 827
		Family	\$ 905
Certified 10-19 Years	Network P & OAP	Employee	\$ 279
		EE+Spouse	\$ 786
		EE+Child(ren)	\$ 674
		Child Only	\$ 279
		Spouse Only	\$ 279
		Spouse + Child	\$ 786
		Family	\$ 881
Certified 10-19 Years with Spouse having Employer HDHP Plan	Network P & OAP	Spouse Only	\$ 379
		Spouse + Child	\$ 886
		EE+Spouse	\$ 886
		Family	\$ 981



MEDICAL CONTRIBUTIONS FOR RETIREES (Classified 5-14 & Certified 5-9 Years)

Plan Type	Network	Coverage Type	Monthly Rate
Classified 5-14 Years & Certified 5-9	Network S & LCP	Employee	\$ 372
		EE+Spouse	\$ 763
		EE+Child(ren)	\$ 754
		Child Only	\$ 372
		Spouse Only	\$ 372
		Spouse + Child	\$ 763
		Family	\$ 805
Classified 5-14 Years & Certified 5-9 with Spouse having Employer HDHP Plan	Network S & LCP	Spouse Only	\$ 472
		Spouse + Child	\$ 863
		EE+Spouse	\$ 863
		Family	\$ 905
Classified 5-14 Years & Certified 5-9	Network P & OAP	Employee	\$ 401
		EE+Spouse	\$ 824
		EE+Child(ren)	\$ 811
		Child Only	\$ 401
		Spouse Only	\$ 401
		Spouse + Child	\$ 824
		Family	\$ 881
Classified 5-14 Years & Certified 5-9 with Spouse having Employer HDHP Plan	Network P & OAP	Spouse Only	\$ 501
		Spouse + Child	\$ 924
		EE+Spouse	\$ 924
		Family	\$ 981

For more information:



Visit www.hcde.org/benefits



Email empbenefits@hcde.org



Call (423) 498-7048