



**HICKMAN MILLS C-1 SCHOOL DISTRICT**  
**EMPLOYEE BENEFITS**  
**2019 - 2020 RATES**  
 Plan year JULY 1, 2019 – JUNE 30, 2020

**MEDICAL PLAN:**

**(#1) \$4000 QHDP BASE**  
 (Surefit Network) *No Out of Network Benefit*

**Amount per month**

|   |             |                     |
|---|-------------|---------------------|
| — | \$ 0.00     | Employee Only       |
| — | \$ 452.00   | Employee/Spouse     |
| — | \$ 321.00   | Employee/Child(ren) |
| — | \$ 1,095.00 | Family              |

**(#2) \$2700 QHDP BUY UP H S A**  
 (Surefit Network) *No Out of Network Benefit*

**Amount per month**

|   |             |                      |
|---|-------------|----------------------|
| — | \$ 70.00    | Employee Only        |
| — | \$ 750.00   | Employee /Spouse     |
| — | \$ 607.00   | Employee /Child(ren) |
| — | \$ 1,454.00 | Family               |

**(#3) \$2700 QHDP BUY UP H S A**  
 (Open Access Plus Network)

**Amount per month**

|   |             |                      |
|---|-------------|----------------------|
| — | \$ 95.00    | Employee Only        |
| — | \$ 792.00   | Employee /Spouse     |
| — | \$ 645.00   | Employee /Child(ren) |
| — | \$ 1,515.00 | Family               |

**(#4) SureFit (previously OAP)**  
 (Surefit Network) *No Out of Network Benefit*

**Amount per month**

|   |             |                     |
|---|-------------|---------------------|
| — | \$ 200.00   | Employee Only       |
| — | \$ 961.00   | Employee/Spouse     |
| — | \$ 818.00   | Employee/Child(ren) |
| — | \$ 1,727.00 | Family              |

**DENTAL PLAN:**

**BASE**

**Amount per month**

|   |         |                     |
|---|---------|---------------------|
| — | \$ 0.00 | Employee Only       |
| — | \$35.63 | Employee/Spouse     |
| — | \$35.16 | Employee/Child(ren) |
| — | \$96.62 | Family              |

**BUY-UP**

**Amount per month**

|   |          |                      |
|---|----------|----------------------|
| — | \$ 9.90  | Employee Only        |
| — | \$ 54.39 | Employee /Spouse     |
| — | \$ 53.79 | Employee /Child(ren) |
| — | \$134.20 | Family               |

**VISION:**

**BASE**

**Amount per month**

|   |         |                     |
|---|---------|---------------------|
| — | \$ 5.72 | Employee Only       |
| — | \$11.44 | Employee/Spouse     |
| — | \$12.24 | Employee/Child(ren) |
| — | \$19.58 | Family              |

**PREMIER**

**Amount per month**

|   |         |                      |
|---|---------|----------------------|
| — | \$12.14 | Employee Only        |
| — | \$24.28 | Employee /Spouse     |
| — | \$25.98 | Employee /Child(ren) |
| — | \$41.52 | Family               |