

## 2012-2013 BENEFITS OVERVIEW

*Plan Year July 1<sup>st</sup> – June 30<sup>th</sup>*

### **CIGNA / Allegiance PPO Plan**

*(not HSA eligible)*

This plan provides coverage for both in-network and out-of-network providers. This plan is a Preferred Provider Option plan (PPO) offering some benefits with co-pays while other benefits are subject to a deductible and coinsurance. This plan **does not** offer an HSA. The information below represents in-network costs.

Office Visit: \$30  
Specialist Office Visit: \$50  
Emergency: \$250  
Urgent Care: \$50  
Preventive Screens (list): Covered at 100%

Prescription Drugs (Rx): \$10 (generic)  
(30 day supply) \$30 (preferred brand)  
\$60 (non-preferred)  
Specialty Drugs: 20% (max \$250 per Rx)

(Co-Pays do not apply toward the deductible or the OOP max)

Plan Year Deductible: \$1,500 (single) \$3,000 (family)  
(i.e. inpatient hospital, outpatient surgery, CT scans, MRI's, Lab's, X-Rays, etc.)  
After deductible is met, the plan will pay 90% up to the OOP max, then plan pays 100%.

Out of pocket max: \$4,000 (single) \$8,000 (family)

### **Kaiser Permanente HMO Plan**

*(not HSA eligible)*

This plan provides coverage for providers in the Kaiser network only. This plan offers benefits with co-pays. This plan **does not** offer an HSA.

PCP Office Visit: \$30  
Specialist Office Visit: \$50  
After Hours: \$75  
Preventive Screens (list): Covered at 100%  
Hospital Inpatient: \$750  
Outpatient: \$250  
Emergency: \$200

Prescription Drugs (Rx): \$20 (generic)  
(30-day Supply) \$40 (brand)  
Specialty Drugs: 20% (max \$250 per Rx)

### **CIGNA / Allegiance HDHP Plan**

*(HSA eligible)*

This plan provides coverage for both in-network and out-of-network providers. This plan is a High Deductible Health Plan (HDHP). This plan **does** offer a Health Savings Account (HSA). The information below represents in-network costs.

Plan Year Deductible: \$3,000 (single) \$6,000 (family)  
After deductible is met, the plan will pay 90% up to the OOP max, then plan pays 100%.

Out of pocket max: \$5,000 (single) \$10,000 (family)

DCSD HSA Contribution: \$1,500 (single) \$2,500 (family)

Preventive Screens (list): Covered at 100%

Preventive Drug (list): \$0 (generic)  
\$30 (brand name)

Prescription Drugs (Rx): After deductible is met, the plan will pay 90% up to the OOP max, then plan pays 100%.

### **Kaiser Permanente HDHP Plan**

*(HSA eligible)*

This plan provides coverage for providers in the Kaiser network only. This plan is a High Deductible Health Plan (HDHP). This plan **does** offer a Health Savings Account (HSA).

Plan Year Deductible: \$3,000 (single) \$6,000 (family)  
After deductible is met, the plan will pay 90% up to the OOP max, then plan pays 100%.

Out of pocket max: \$5,000 (single) \$10,000 (family)

DCSD HSA Contribution: \$1,500 (single) \$2,500 (family)

Preventive Screens: Covered at 100% (see list)  
(Not subject to the deductible)

Prescription Drugs (Rx): Subject to the deductible  
(co-pays and coinsurance apply after deductible)

## **Dental PPO Basic Preventive Plan**

Diagnostic/Preventive:	100%
Cleanings:	2 cleanings in the plan year
Bite-wing x-rays:	1 set in the plan year
Plan Year Max:	\$300 per person

## **Dental Premier/PPO Plan**

Diagnostic/Preventive:	100%	
Cleanings:	2 cleanings in the plan year	
Bite-wing x-rays:	1 set in the plan year	
Restorative Fillings:	60%	Premier Provider
	80%	Preferred Provider Option
Major Services:	50%	Premier Provider
	50%	Preferred Provider Option
	50%	Perio Cleanings (two maintenance cleanings in the plan year)
Orthodontia:	\$1,000 lifetime maximum per Dependent child (to age 19)	
Plan Year Deductible:	\$50 (single)	\$150 (family) (applies to basic/major services)
Plan Year Max:	\$2,000 per person	

## **Group Term Insurance**

The district provides the lesser of the annual salary or \$50,000 in life insurance to all certified and classified benefit eligible employees.

The district provides three times the annual salary (to a maximum of \$200,000) to all benefit eligible professional, technical and administrative employees.

## **Voluntary Life Insurance**

Available to all employees- more information is on the Benefits web site

## **Long Term Disability**

Long term disability provides a partial salary replacement in the amount of 60% of your total monthly earnings to a maximum of \$10,000, should you become disabled for over 90 days.

## **Vision Service Plan (VSP)**

A comprehensive eye examination, lenses and frames are allowed every plan year. Current co-payments for vision services are:

Eye examination:	\$10
Lenses and/or Frames:	\$10
Frames:	\$120 Allowance then 20% discount
Contact Lenses:	Allowance for contacts and contact lens exam is limited to \$115 every 12 months.

## **Flexible Spending/Pre-Tax Deductions**

Full Flex Spending Account: Medical, Dental and Vision  
(For those who **do not** have an HSA)  
Maximum \$2,500 per plan year

Limited Flex Spending Account: Dental and Vision Only  
(For those who **do** have an HSA)  
Maximum \$2,500 per plan year

Dependent Care Flex Spending Account  
(For those who have children in daycare)  
Maximum \$5,000 per plan year

## **Retirement Plans**

401(k) through PERA  
403(b) 457 through AXA Equitable  
403(b) through Met Life

## **Supplemental Benefits**

Liberty Mutual – Auto and Homeowners Insurance

*This overview is only a brief summary of your benefits and does not constitute a policy. Your summary plan description documents will contain the actual detailed provisions of your benefits.*