

## Douglas County School District Employee Benefits

2010-2011 Benefits: Plan Year –July 1st to June 30th

### Medical Insurance

The District pays 100% of the benefits for full-time employees and 50% for part-time employees. (PPO)

#### Preferred HSA Plan (Cigna network)

This plan provides coverage for both in-network and out-of-network providers. It is a Consumer Driven Plan coupled with a Health Savings Account (HSA). Below the deductible, non-preventive eligible expenses and drugs will be paid from your HSA or out of pocket. Once your plan year deductible is satisfied, you will have 100% coverage for all covered medical services. (If you use an in-network provider).

<b>Annual Deductible:</b>	\$5,000 (single) / \$8,000 (family)
<b>DCSD HSA Funding:</b>	\$2,000 (single) / \$3,000 (family)
<b>Preventive Screens:</b>	Free to you (see list)
<b>Preventive Drugs co-pays &amp; Drugs above the deductible:</b>	Generic - \$0 Brand name - \$30
	(if there is no generic drug, you will pay a \$30 co pay for the Brand name; if there is a Generic drug and you elect to take a Brand name, you will pay the difference in cost between the Brand name drug and the Generic)

#### Economy HSA Plan (Cigna network)

This Plan offers the same benefits as the Preferred Plan, but with higher deductibles:

<b>Annual Deductible:</b>	\$5,950 (single) / \$11,900 (family)
<b>DCSD HSA Funding:</b>	\$2,000 (single) / \$3,000 (family)

#### Kaiser Permanente HSA Plan

This plan provides coverage for providers in the Kaiser network only. It is a Consumer Driven Plan coupled with a Health Savings Account (HSA). Below the deductible, non-preventive eligible expenses and all medications will be paid from your HSA funds or out of pocket. Once your plan year deductible is satisfied, you will have 90% coverage for all services until you reach your OOP max, then 100%.

### Vision Insurance

#### VSP

A comprehensive eye examination and lenses are allowed every 12 months. Frames are allowed every 12 months. Current co-payments for vision services are:

<b>Eye examination:</b>	\$10.00
<b>Lenses and/or Frames:</b>	\$10.00

**Contact Lenses** ( allowance for contacts and contact lens exam is limited to \$115 every 12 months)  
(Allowance for frames is limited to \$120.00)

### Dental Insurance

#### Delta Dental PPO Basic Preventive Plan

<b>Diagnostic/Preventive</b>	100%
<b>2 cleanings per calendar yr</b>	(1 every 6 mo)
<b>Calendar Yr. Maximum</b>	\$250

#### Delta Dental Premier/PPO Plan

<b>Diagnostic/Preventive</b>	100%
<b>Cleanings and x-rays</b>	once every six months
<b>Restorative Fillings</b>	60% (Premier provider) 80% (Preferred Provider Option )
<b>Major Services</b>	50% (Premier provider) 50% (Preferred Provider Option)
<b>Orthodontia</b>	\$1,000 lifetime maximum per dependent child (to age 19 yr.)

Certain preventive screens are paid at 100% and are free to you, regardless of whether or not you have met the deductible.

<b>Annual Deductible:</b>	\$3,000 (single) / \$6,000 (family)
<b>DCSD HSA Funding:</b>	\$2,000 (single) / \$3,000 (family)
<b>Preventive Screens:</b>	Free to you (see list)
<b>Rx Co-pays:</b>	\$15 (generic) / \$30 (formulary) 50% - non-formulary <b>30</b> day supply
<b>Mail Order Rx:</b>	2 X \$15/\$30/50%- 90 day supply

#### ***Kaiser Permanente HMO Plan***

<b>PCP Office Visit:</b>	\$25.00
<b>Specialist Office Visit:</b>	\$30.00
<b>Hospitalization:</b>	\$250.00 per admission
<b>Rx Co-pays:</b>	\$15.00 (generic) / \$30 (formulary) for a 30-day Supply
<b>Mail Order Rx:</b>	2 X \$15/\$30-for a 90 day Supply

\$50 / \$150 calendar year deductible applies to major services.  
Annual maximum benefit of \$1,500.00 applies to all services.

## **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 website](#).

## **Long Term Disability**

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

## **Retirement Plans:**

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

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

Limited Flex Spending Account (Dental and Vision Only)  
Dependent Care Flex Spending Account

## **Supplemental Benefits**

Liberty Mutual – Auto and Homeowners Insurance

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