Hamilton Southeastern Schools

A Brief Summary of Current Medical Benefit Structure Effective 2/1/16

Bldg. Technology, Food Service (4.5 – less than 6 hours PT Rates), Bus Attendants (PT rates), 195-Custodian, Permanent Sub Teachers

Anthem - Blue Access Network Group Number 00209796
www.anthem.com 1-800-295-4119
Prescriptions – Express Scripts 1-866-216-4207

PLAN ONE

Cost: Single - $ 121.50 per pay Family - $ 606.45 per pay
Single Part-Time - $ 308.21 per pay Family Part-Time - $ 898.11 per pay
(Based on coming out of 17 paychecks)

To avoid losing your $100 insurance premium discount each (for the 2017-18 school year), employees and spouses must complete a physical between August 1, 2016 and July 31, 2017.

Deductible – per calendar year	$1,000 Single/$3,000 Family for Network Providers. $1,000 Single/$3,000 Family for Non-Network Providers. Does not apply to Prescription Drugs & Network Preventive Care. Network Provider and Non-Network Provider deductibles are combined. Satisfying one help satisfy the other.
Out-of-Pocket Limits	$2,000 Single/$4,000 Family for Network Providers. $6,000 Single/$12,000 Family for Non-Network Providers. Network Provider and Non-Network Providers out-of-pocket are combined. Satisfying one helps satisfy the other.
Co-Insurance after the Deductible is met.	90% with a Network Provider 80% with a Non-Network Provider
Prescription Drugs (Express Scripts):	
Tier 1 – Typically Generic	$15 Copay/Retail Pharmacies (34 day supply) $15 Copay/Retail Pharmacies (90 day supply)
Tier 2 – Typically Preferred/Brand	$30 Copay/Retail Pharmacies (34 day supply) $50 Copay/Retail Pharmacies (90 day supply)
Tier 3 – Typically Non-Preferred/ Specialty Drugs	$50 Copay/Retail Pharmacies (34 day supply) $80 Copay/Retail Pharmacies (90 day supply)

Mail Order is mandatory after 1 fill and 1 refill at Retail Pharmacies. Specialty Medications must be obtained via our Specialty Pharmacy Network. If you are treated by the HSE Health Care Center your medication might be available to you free.

Insurance change requests must be made within 31 days of life changing event (marriage, divorce, birth of child, spouse job loss, involuntary loss of insurance) and must meet Section 125 IRS guidelines. Open enrollment is month of August for an effective date of October 1st.

PLAN TWO

Cost: Single - $ 53.24 per pay Family - $ 442.34 per pay
Single Part Time - $ 239.94 per pay Family - $ 734.00 per pay
(Based on coming out of 17 paychecks)

To avoid losing your $100 insurance premium discount each (for the 2017-18 school year), employees and spouses must complete a physical between August 1, 2016 and July 31, 2017.

Deductible – per calendar year	$1,000 Single/$3,000 Family for Network Providers. $1,000 Single/$3,000 Family for Non-Network Providers. Does not apply to Prescription Drugs & Network Preventive Care. Network Provider and Non-Network Provider deductibles are combined. Satisfying one help satisfy the other.
Out-of-Pocket Limits	$2,000 Single/$4,000 Family for Network Providers. $6,000 Single/$12,000 Family for Non-Network Providers. Network Provider and Non-Network Providers out-of-pocket are combined. Satisfying one helps satisfy the other.
Co-Insurance after the Deductible is met.	80% with a Network Provider 60% with a Non-Network Provider
Prescription Drugs (Express Scripts):	
Tier 1 – Typically Generic	$15 Copay/Retail Pharmacies (34 day supply) $15 Copay/Retail Pharmacies (90 day supply)
Tier 2 – Typically Preferred/Brand	$30 Copay/Retail Pharmacies (34 day supply) $50 Copay/Retail Pharmacies (90 day supply)
Tier 3 – Typically Non-Preferred/ Specialty Drugs	$50 Copay/Retail Pharmacies (34 day supply) $80 Copay/Retail Pharmacies (90 day supply)

Mail Order is mandatory after 1 fill and 1 refill at Retail Pharmacies. Specialty Medications must be obtained via our Specialty Pharmacy Network. If you are treated by the HSE Health Care Center your medication might be available to you free.

Insurance change requests must be made within 31 days of life changing event (marriage, divorce, birth of child, spouse job loss, involuntary loss of insurance) and must meet Section 125 IRS guidelines. Open enrollment is month of August for an effective date of October 1st.

The only difference in Plan 1 and Plan 2 is the co-insurance.

PLAN THREE

Cost: Single - $ 38.06 per pay
Single Part Time- $ 171.53 per pay
(Based on coming out of 17 paychecks)
Family - $ 315.72 per pay
Family Part Time - $ 523.83 per pay

To avoid losing your $100 insurance premium discount each (for the 2017-18 school year), employees and spouses must complete a physical between August 1, 2016 and July 31, 2017.

Deductible – per calendar year	$ 5,000 Single/$10,000 Family for Network Providers. $10,000 Single/$20,000 Family for Non-Network Providers. Does not apply to Network Preventive Care. Network Provider and Non-Network Provider deductibles are separate and do not count towards each other.
Out-of-Pocket Limits	$ 6,450 Single/$12,900 Family for Network Providers. $20,000 Single/$40,000 Family for Non-Network Providers. Network Provider and Non-Network Providers out-of-pocket are Separate and do not count towards each other.
Co-Insurance after the Deductible is met.	70% with a Network Provider 50% with a Non-Network Provider
Prescription Drugs (Express Scripts):	Your copay will apply after your deductible is met.
Tier 1 – Typically Generic	$15 Copay/Retail Pharmacies (34 day supply) $15 Copay/Retail Pharmacies (90 day supply)
Tier 2 – Typically Preferred/Brand	$30 Copay/Retail Pharmacies (34 day supply) $50 Copay/Retail Pharmacies (90 day supply)
Tier 3 – Typically Non-Preferred/ Specialty Drugs	$50 Copay/Retail Pharmacies (34 day supply) $80 Copay/Retail Pharmacies (90 day supply)

Mail Order is mandatory after 1 fill and 1 refill at Retail Pharmacies. Specialty Medications must be obtained via our Specialty Pharmacy Network. If you are treated by the HSE Health Care Center your medication might be available to you free.

Insurance change requests must be made within 31 days of life changing event (marriage, divorce, birth of child, spouse job loss, involuntary loss of insurance) and must meet Section 125 IRS guidelines. Open enrollment is month of August for an effective date of October 1st.

DENTAL INSURANCE: DELTA DENTAL

Group# 7099-0001 Delta Dental PPO (Point-of-Service) www.ddpin.com 1-800-292-0626

Cost: Single - 25 ¢ per year Family - $ 8.80 per pay
Single (Part-time) $ 7.62 per pay Family (Part-time) - $ 26.40 per pay

(HSE pays $ 365.52/year for single and $ 844.80/year for family coverage for a full-time employee)

- Pays 100% for cleaning and x-rays twice in a calendar year period.
- Pays 70% or 50% for other work such as fillings (depends on whether or not you go to a Delta PPO dentist)
- Pays 50% for Major Restorative Services (crowns) and Prosthodontic Services (bridges and dentures)
- $1250 maximum per person per calendar year
- No orthodontics coverage

VISION INSURANCE: VSP (VISION SERVICE PLAN)

Group #12126332 www.vsp.com 1-800-877-7195

Cost: Single - 25 ¢ per year Family - $ 5.21 per pay
Single (Part-time) $ 5.09 per pay Family (Part-time) - $ 22.87 per pay

(HSE pays $ 243.84/year for single and $ 500.16/year for family coverage for a full-time employee)

- Well Vision Exam – once every 12 months
- Lenses (single vision, lined bifocal and lined trifocal) – every 12 months
- $130 allowance toward frames or $120 allowance toward contacts

LIFE INSURANCE Lincoln Financial Group

Group # 000010043453 www.lfg.com 1-877-628-5222

Cost: 25 ¢ per year

- $50,000 Term Life Insurance ($25,000 for part-time employees)
- Additional Optional Life Insurance available - up to 7 times annual salary to a maximum of $150,000.
- Available for spouse and/or children
- Ends if you leave HSE employment but can be converted through agent.

LONG TERM DISABILITY INSURANCE Lincoln Financial Group

Group #000010043454 www.lfg.com 1-877-628-5222

Cost: 25 ¢ per year

- 66 2/3% of annual salary, maximum monthly benefit of $5,000
- 90 day elimination period

SHORT TERM DISABILITY INSURANCE American Fidelity Insurance Co.

1-800-638-4268

- Cost is based on individual income – Premium paid entirely by you via payroll deduction
- Contact Steve Montgomery at Steve.Montgomery@americanfidelity.com or 432-5021for information.