# Clarkston School District

## Benefits At-A-Glance

**Effective November 1, 2014**

| | Premera/WEA | | | | | |
|---|---|---|---|---|---|---|
| | **Plan 2** | **Plan 3** | **EasyChoice A** | **EasyChoice B** | **EasyChoice C** | **QHDHP** |
| | **Heritage** | **Heritage** | **Heritage** | **Heritage** | **Foundation** | **Foundation** |
| **Deductible / Calendar** | Applies unless noted as DW | Applies unless noted as DW | Applies unless noted as DW | Applies unless noted as DW | Applies unless noted as DW | Applies unless noted as DW |
| Individual | $200 | $300 | $1,000 | $750 | $100 | $1,500 |
| Family | $600 | $900 | $3,000 | $2,250 | $300 | $3,000 |
| **Coinsurance** | 80% | 80% | 80% | 75% | 65% | 80% |
| **Out of Pocket Max** | | | | | | |
| Individual | $1,500 | $2,750 | $4,000 | $3,500 | $4,200 | $4,000 |
| Family | $4,500 | $8,250 | $12,000 | $10,500 | $12,600 | $8,000 |
| **Preventive Care** | | | | | | |
| Exam | 100%; DW | 100%; DW | 100%; DW | 100%; DW | 100%; DW | 100%; DW |
| **Office Visit** | | | | | | |
| Exam Copay | $25; DW | $30; DW | $15; DW | $30; DW | $35; DW | 80% |
| **X-ray & Lab** | | | | | | |
| Preventive | 100%; DW | 100%; DW | 100%; DW | 100%; DW | 100%; DW | 100%; DW |
| Other | 80% | 80% | 80%* | 75% | 65% | 80% |
| **Hospitalization** | | | | | | |
| Inpatient Services | $150 per day; $450 max PCY | $300 per day; $900 max PCY | no copay | no copay | no copay | 80% |
| Outpatient Surgery Copay | $100 | $150 | no copay | no copay | no copay | 80% |
| Emergency Room Copay | $75 | $100 | $100 | $150 | $200 | 80% |
| **Prescription Drugs** | Retail: Up to 34 day Supply | Retail: Up to 34 day Supply | Retail: Up to 30 day Supply | Retail: Up to 30 day Supply | Retail: Up to 30 day Supply | Retail: Up to 30 day Supply |
| Deductible / OOP | N/A | N/A | $500/person PCY | $250/person PCY | $500/person PCY | Subject to Deduct |
| Generic | $10 | $15 | $0; DW | $0; DW | $0; DW | 20% |
| Preferred Brand | $20 | $25 | 30% | $30 | $30 | 20% |
| Non-Preferred | $35 | $40 | 30% | $45 | $45 | 20% |
| Mail Order | $10/$20/$35 100 day supply | $15/$25/$40 100 day supply | $0-DW/25%/25% 90 day supply | $0-DW/$75/$112 90 day supply | $0-DW/$75/$112 90 day supply | 20% 90 day supply |
| **Vision** Exam Copay | not covered | not covered | not covered | not covered | not covered | not covered |
| **Life/AD&D** | $12,500 | $12,500 | $12,500 | $12,500 | $12,500 | $12,500 |
| **Monthly Premiums** | | | | | | |
| Employee | $837.75 | $749.70 | $535.25 | $535.25 | $535.25 | $420.90 |
| Employee & Spouse | $1,532.75 | $1,371.80 | $971.65 | $971.65 | $971.65 | $763.05 |
| Employee , Spouse & Child(ren) | $1,837.50 | $1,644.55 | $1,164.05 | $1,164.05 | $1,164.05 | $901.45 |
| Employee & Child(ren) | $1,118.25 | $1,000.85 | $709.80 | $709.80 | $709.80 | $557.75 |

***Paid in full to $1,000 then deductible and coinsurance**

*For complete details please refer to the Benefit Summary. Any discrepancy between this illustration and the contract will be governed by the contract. Final rates are based upon actual enrollment. Please be aware that carriers may revise rates upon enrollment if enrollment differs from census provided. This is an illustration for financial comparative purposes only. Deductible applies unless noted as Deductible Waived = DW, Coinsurance Waived = CW, Deductible & Coinsurance Waived = DCW, Deductible & Coinsurance applies = DC, Per Calendar Year = PCY.*

# Clarkston School District 2014-15 Benefits At-A-Glance

| Dental Plan Options | Regence BlueShield Dental - Plan 1 | Regence BlueShield Dental - Plan 2 | WEA / Willamette Dental - Plan 1 |
|---|---|---|---|
| **Annual Maximum** | $1,000 | $2,000 | unlimited |
| **Deductible** | no deductible | no deductible | no deductible |
| **Diagnostic and Preventive Services** | 85% | 85% | 100% after $15 copay |
| **Restorative** | 85% | 85% | copay depends upon type |
| **Major** | 85% | 85% | copay depends upon type |
| **Monthly Cost** | | | |
| Employee Only | $65.10 | $87.08 | $74.70 |
| Employee & Spouse | $126.96 | $169.97 | |
| Employee, Spouse & Children | $149.57 | $200.33 | |
| Employee & Children | $87.81 | $117.54 | |
| **Vision** | **Regence BlueShield** | | |
| **Copay** | | | |
| Exam | no copay | | |
| Materials | no copay | | |
| **Exam** once every 12 consecutive months | 100% | | |
| **Lenses - (pair)** | | | |
| Single Vision | $150 combined allowance | | |
| Bifocal | | | |
| Continuous Blend | | | |
| **Frames -** once every calendar year | | | |
| **Contact Lenses -** once every calendar year (in lieu of all other services) | $150 allowance | | |
| **Monthly Cost** | | | |
| Employee Only | $17.82 | | |
| Employee & Spouse | $34.24 | | |
| Employee, Spouse & Children | $40.76 | | |
| Employee & Children | $23.91 | | |
| **Voluntary Supplemental Life** | **UNUM** | | |
| **All Eligible Employees** | Choice of: $10,000 to $500,000 in increments of $10,000 | | |
| **Voluntary Plans** | **UNUM** | | |
| **All Eligible Employees** | Critical Illness, Accident, and Short Term Disability | | |
| **Flexible Spending Account** | **Flex Plan Services, Inc.** | | |
| **Health Care Flexible Spending Account** | $2,500 per plan year | | |
| **Day Care Flexible Spending Account** | $5,000 per plan year ($2,500 if married, filing separately) | | |
| **Benny Card** | Available | | |

*This is intended to be a quick reference of your available plans and does not constitute a contract.*

***For further information, contact:***

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|---|---|---|
| Regence BlueShield | www.regence.com/ID | (800) 632-2022 |
| WEA / Premera Blue Cross | www.premera.com/wea | (800) 932-9221 |
| WEA / Willamette Dental | www.willamettedental.com | (800) 360-1909 |
| UNUM | www.unum.com | (866) 679-3054 |
| Flex-Plan Services | www.flex-plan.com | (425) 452-3438 |
| Propel Insurance | www.propelinsurance.com | (800) 499-0933 |