

Anthem - Blue Access Network Group Number W10183
www.anthem.com 1-800-295-4119

PLAN ONE (PPO)

Cost: Single - \$ 5.22 per pay Family - \$ 167.31 per pay
Single Part-time - \$176.42 per pay Family Part-time - \$ 501.93 per pay
(\$12.55 per pay for HSE teachers married to each other taking family)
(HSE pays \$ 8,225.89/year for single and \$ 16,061.76/year for family for a full-time employee)

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 Provider and Non-Network Provider deductibles are combined. Satisfying one help satisfy the other.

Out-of-Pocket Limits \$ 3,000 Single/\$ 6,000 Family for Network Providers.
\$ 9,000 Single/\$ 18,000 Family for Non-Network Providers.
Network Provider & Non-Network Providers out-of-pocket are combined. Satisfying one helps satisfy the other.

Co-Insurance after the Deductible has been met 20% with Network Provider
40% with a Non-Network Provider

Prescriptions – IngenioRX 1-833-267-2133
(Network)

Tier 1 – Typically Generic \$ 25 Copay/Retail Pharmacies (34 day supply)
\$ 25 Copay/Retail Pharmacies (90 day supply)

Tier 2 – Typically Preferred/Brand \$ 50 Copay/Retail Pharmacies (34 day supply)
\$ 70 Copay/Retail Pharmacies (90 day supply)

Tier 3 – Typically Non-Preferred \$ 75 Copay/Retail Pharmacies (34 day supply)
\$120 Copay/Retail Pharmacies (90 day supply)

Tier 4 – Typically Specialty Drugs 25% with \$250 maximum

Non-Network Tiers 1, 2, and 3 – 40% Tier 4 – not covered

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 (PPO HEALTH SAVINGS ACCOUNT)

Cost: Single - \$ 3.63 per pay Family - \$ 116.36 per pay
Single Part-time - \$122.69 per pay Family Part-time - \$ 349.07 per pay
(\$8.73 per pay for HSE teachers married to each other taking family)
(HSE pays \$ 5,720.76/year for single and \$ 11,170.18/year for family for a full-time employee)

If eligible, HSE will contribute \$250/single or \$500/family per year towards HSA.

Deductible – per calendar year \$ 2,800 Single/\$ 5,400 Family for Network Providers.
\$ 2,800 Single/\$ 5,400 Family for Non-Network Providers.

The single deductible applies to the family deductible.
Once the single deductible has been satisfied, benefits
For that member are payable subject to coinsurance. Once the
Family deductible has been satisfied, benefits for the family are
payable subject to coinsurance.

Out-of-Pocket Limits \$ 4,000 Single/\$ 8,000 Family for Network Providers.
\$ 12,000 Single/\$24,000 Family for Non-Network Providers.

Co-Insurance after the 20% with a Network Provider
Deductible has been met 40% with a Non-Network Provider

Prescriptions – IngenioRX 1-833-267-2133

Deductible applies to all prescription drug expenses for Rx plans. Once the deductible is met the appropriate copayment/coinsurance applies.

Network Retail Pharmacies: 20%
Eligible Non-Network: 40%

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 THREE (MINIMUM VALUE PLAN HEALTH SAVINGS ACCOUNT)

Cost: Single - \$ 2.74 per pay Family - \$ 87.69 per pay
Single Part-time - \$ 92.62 per pay Family Part-time - \$ 263.06 per pay
(\$6.58 per pay for HSE teachers married to each other taking family)
(HSE pays \$ 4,318.67/year for single and \$ 8,418.05/year for family for a full-time employee)

Deductible – per calendar year \$ 5,000 Single/\$10,000 Family for Network Providers.
\$10,000 Single/\$20,000 Family for Non-Network Providers.

The single deductible applies to the family deductible.
Once the single deductible has been satisfied, benefits
For that member are payable subject to coinsurance. Once the
Family deductible has been satisfied, benefits for the family are
payable subject to coinsurance.

Out-of-Pocket Limits \$ 7,150 Single/\$ 14,300 Family for Network Providers.
\$ 20,000 Single/\$ 40,000 Family for Non-Network Providers.

Co-Insurance after the 30% with a Network Provider
Deductible has been met 50% with a Non-Network Provider

Prescriptions – IngenioRX 1-833-267-2133

Deductible applies to all prescription drug expenses for Rx plans. Once the deductible is met the appropriate copayment/coinsurance applies.

Network Retail Pharmacies: 30%
Eligible Non-Network: 50%

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
Single (Part-time) \$ 7.62 per payFamily - \$ 8.80 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)
- \$1,250 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
Single (Part-time) \$ 5.09 per payFamily - \$ 5.21 per pay
Family (Part-time) - \$ 15.63 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**Boston Mutual Life Insurance Co.**

Group 54801

1-800-669-2668

Cost: 25 ¢ per year

- \$50,000 Term Life Insurance (\$25,000 for part-time employees)
- Additional Optional Life Insurance available for employee, spouse and children – see enrollment form for amounts and premiums
- Ends if you leave HSE employment but can be converted through agent.

LONG TERM DISABILITY INSURANCE**Boston Mutual Life Insurance Co.**

Group 54801

1-800-669-2668

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 317-432-5021