

Hamilton Southeastern Schools  
A Brief Summary of Current Insurance Benefit Plans

Certified Staff  
1/1/2021

**Anthem - Blue Access Network**  
**Group Number W10183**

[www.anthem.com](http://www.anthem.com)

**800-295-4119**

**PLAN ONE (PPO)**

Cost: Single - \$5.48 per pay                      Family - \$175.68 per pay  
Single Part-time - \$185.24 per pay          Family Part-time - \$527.03 per pay  
(\$13.18 per pay for HSE teachers married to each other enrolled in family coverage)  
(HSE pays \$ 8,768.72/year for single and \$21,081.06/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 – TrueScripts                      844-257-1955**

Tier 1 – Typically Generic                              \$ 25 Copay/Retail Pharmacies (30-day supply)  
\$ 25 Copay/Retail Pharmacies (31-90-day supply)

Tier 2 – Typically Preferred/Brand                      \$ 50 Copay/Retail Pharmacies (30-day supply)  
\$ 70 Copay/Retail Pharmacies (31-90-day supply)

Tier 3 – Typically Non-Preferred                              \$ 75 Copay/Retail Pharmacies (30-day supply)  
\$120 Copay/Retail Pharmacies (31-90-day supply)

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

Non-Network                                              Tier 4 – not covered

**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 in the month of August for an effective date of October 1<sup>st</sup>.

## **PLAN TWO (PPO HEALTH SAVINGS ACCOUNT)**

Cost: Single - \$3.81 per pay                      Family - \$122.17 per pay  
Single Part-time - \$128.83 per pay      Family Part-time - \$366.52 per pay  
(\$9.16 per pay for HSE teachers married to each other enrolled in family coverage)  
(HSE pays \$6,098.27/year for single and \$14,660.86/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 – TrueScripts                      844-257-1955**

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

Network Retail Pharmacies:                              20%

**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 in the month of August for an effective date of October 1<sup>st</sup>.

## **PLAN THREE (MINIMUM VALUE PLAN HEALTH SAVINGS ACCOUNT)**

Cost: Single - \$2.88 per pay                      Family - \$92.07 per pay  
Single Part-time - \$ 97.25 per pay      Family Part-time - \$276.22 per pay  
(\$6.91 per pay for HSE teachers married to each other taking family)  
(HSE pays \$4,603.66 year for single and \$11,048.69 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 – TrueScripts                                      844-257-1955**

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

Network Retail Pharmacies:                                      30%

**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 in the month of August for an effective date of October 1<sup>st</sup>.

**DENTAL INSURANCE:**

Group# 7099-0001 Delta Dental PPO (Point-of-Service)

**DELTA DENTAL**[www.deltadentalin.com](http://www.deltadentalin.com)

800-524-0149

Cost: Single \$0.25 per year  
 Single (Part-time) \$7.62 per pay

Family - \$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 (dependent upon PPO Dentist/Premier 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:**

Group #12126332

**VSP (VISION SERVICE PLAN)**[www.vsp.com](http://www.vsp.com)

800-877-7195

Cost: Single \$0.25 per year  
 Single (Part-time) \$5.09 per pay

Family - \$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
- \$150 allowance toward frames or \$150 allowance toward contacts

**LIFE INSURANCE**

Group 54801

**Boston Mutual Life Insurance Co.**

800-669-2668

Cost: \$0.25 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**

Group 54801

**Boston Mutual Life Insurance Co.**

800-669-2668

Cost: \$0.25 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.**

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](mailto:steve.montgomery@americanfidelity.com) or 317-432-5021