

Salina Public Schools

2023-2024 Health Insurance

Blue Cross & Blue Shield “Blue Choice”

Medical Benefits:

Primary

ROUTINE OFFICE VISIT CO-PAY

\$30

Annual ROUTINE Vision Exam

\$30

Deductible (includes up to \$300 in lab/x-ray services)

Single	\$2,000 per person
Employee +1	\$2000 per person \$4,000 per family
Family	\$2000 per person \$4,000 per family

Coinsurance

(After deductible is met)

50/50

Coinsurance Maximum

Individual	\$2,000 per person
Employee +1	\$2000 per person \$4,000 per family
Family	\$2000 per person \$4,000 per family

Prescription Benefits:

CO-PAY

In-Network

Generic (34 day supply)	\$*10 or *20%
Brand Name (34 day supply)	\$*25 or *20%
Generic 90 day mail order supply	\$*25 or *20%
Brand Name 90 day mail order supply	\$*62.50 or *20%

*Whichever cost is greater.

Monthly Premiums

Health

Single

Employee +1

Family

Gross Monthly Premium:	\$625.00	\$1055.00	\$1420.00
USD #305 Contribution:	<u>-\$540.00</u>	<u>-\$540.00</u>	<u>-\$540.00</u>
Employee Monthly Premium:	\$85.00	\$515.00	\$880.00

Dental Benefits

PREVENTATIVE BENEFITS

Paid at 100%

(exams, x-rays, cleanings, etc./ 2 per yr)

DEDUCTIBLE FOR PRIMARY AND MAJOR DENTAL:

\$25/Single \$75/Family

CO-PAY FOR PRIMARY AND MAJOR DENTAL:

Primary Dental (fillings, root canals, etc.)

80/20 after deductible

Major Dental (crowns, bridges, dentures, etc.)

50/50 after deductible

ANNUAL MAXIMUM PAID per person per benefit period for dental services:

\$1,000

*There is **no** Orthodontia Coverage*

DENTAL PREMIUMS

Single:

\$40.00*

Employee +1:

\$64.00*

Family:

\$98.00*

Enrollment Guidelines

HEALTH INSURANCE COVERAGE BEGINS:

- For New Employees (Initial Opportunity):
1st of the month following 30 days of employment
Example: Hire date is 8/4/23 + 30 days = 9/3/23 (coverage begins 10/1/23)
- For Existing Employees (Open Enrollment):
October 1, 2023 (Must enroll during Open Enrollment timeframe)