

**Salina Public Schools
2020-2021 Health Insurance
Blue Cross & Blue Shield “Blue Choice”**

Medical Benefits:

	<u>Primary</u>
<u>ROUTINE OFFICE VISIT CO-PAY</u>	\$30
(includes up to \$300 in lab/x-ray services)	
Annual ROUTINE Vision Exam	\$30
<u>Deductible</u>	
Individual	\$2,000
Family	\$4,000
<u>PHYSICIAN/HOSPITAL CO-PAY</u>	
(other than a routine office visit)	50/50
<u>COINSURANCE MAXIMUM</u>	
Each plan year (10/1-9/30), BCBS will pay 50% of covered services until your out of pocket expense reaches:	
Individual	\$2,000
Family	\$4,000

Prescription Benefits:

<u>CO-PAY</u>	<u>In-Network</u>
Generic (34 day supply)	\$*10 or *20%
Brand Name (34 day supply)	\$*25 or *20%

*Whichever cost is greater.

Monthly Premiums

<u>Health</u>	<u>Single</u>	<u>Family</u>
Gross Monthly Premium:	\$605.00	\$1305.00
USD #305 Contribution:	- \$520.00	- \$520.00
Employee Monthly Premium:	\$85.00	\$785.00

Dental Benefits

PREVENTATIVE BENEFITS

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

Paid at 100%

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

Individual:

\$40.00*

Family:

\$84.00*

240 WAITING PERIOD

- If you enroll in dental benefits there will be a 240-day waiting period on all major services such as crowns, inlays, dentures, bridges, etc.

Enrollment Guidelines

HEALTH INSURANCE COVERAGE BEGINS:

- For New Employees (Initial Opportunity):
1st of the month following 30 days of employment
Example: Hire date is 8/4/18 + 30 days = 9/3/18 (coverage begins 10/1/18)
- For Existing Employees (Open Enrollment):
October 1, 2018 (Must enroll **prior** to September 1, 2018)