Benefits Resource Summary Guide 2016-2017

Plan Administrator for Medical & Dental
Willis of Colorado (CEBT)
800.332.1168
303.773.1685 fax
Group #76-412150
Group # 35545 Kaiser UMR/United Healthcare (Network)
medical and/or dental information

Co-insurance – PPO 80/20
Non PPO 60/40
Deductible - $2,500 ($7,500 family) (Calendar year basis – Jan 1-Dec 31)
Max Out-of-Pocket
PPO$4,500 ($9,000 family)
Non-PPO $9,000 ($18,000 family)
Emergency – Subject to Deductible

Plan Year – July 1 through June 30
Deductible – Annual Calendar Year (Jan-Dec)
Details in Summary Plan Description

Hospital Reimbursement Plan (HRP) – For FT employees who have other medical plan as primary. Up to $1000 per day for unreimbursed eligible medical expenses for hospital confinement. Claim mailing address: P.O. Box 826, Onalaska, WI 54650

Routine Lab & X-rays testing
Lab Core & Frontline & In- Network Hospitals
PPO4 - $40/copay per provider per date of service 100%
PPO5 - $45/copay per provider per date of service 100%

Prescriptions (RX)
RX Bin#004336
RX PCN # - ADV
Group#CEBT0001

CVS/Caremark
800.966.5772
www.caremark.com
Retail
$20 copay – Generic
$40 copay – Pre Brand
$60 copay – Non-Pre Brand

Mail Order (90 day supply)
$40 copay – Generic
$80 copay – Pre Brand
$120 copay – Non-Pre Brand

Kaiser DHMO1500
$40 copay – Generic
$80 copay – Pre Brand
$120 copay – Non-Pre Brand
Specialty Drugs 20%

Some injectable medications might go through Caremark *Specialty RX Dept.
Specialty Drugs 20% coinsurance up to a maximum of $250 per drug fill

Dental Plan (UMR Group #76-412150)
A typical breakdown for co-insurance payments when using the co-insurance for a dental charge is based on the Reasonable & Customary (R&C) allowances. $50/annual deductible for all types of services other than Preventive Care. Orthodontics – under the age of 19, lifetime benefit = $2,000.
Plan Year – July 1 through June 30

Deductible – Annual Calendar Year (Jan-Dec)

FSA
Group # - personal
ssn
American Fidelity
800.662-1113 (7am – 7pm)
800.365.9247
Claim Fax#800-543-3539
www.fasstore.com

Vision Plan
Group#12091990
Personal ID# - ssn
VSP
3333Quality Drive
Rancho Cordova, CA  95670
800.877.7195
www.vsp.com

Member
Corrective Contact Lenses - $130
Exam Co-Pay $15
Material Co-pay - $15
Frame Allowance (once every 24 months) - $130

Non-Member
Exam $35
Single Lens $25
Bifocal Lens $40
Trifocal Lens $55
Contact Lenses $120
Frames $45

Supplemental Policies
American Fidelity
800-365.9247
415-690-9286 Michael Zaun/rep

EAP
Employee Assistance Plan
Policy #641654-0001
The Standard
888.289.6948
800-327.1833 (TDD)
www.eapbda.com

Hospital Gap Plan, Cancer Insurance/Long Term Care, Accident Only, Life Insurance, Annuity 403(b)
Plan Year - August 1 through July 31

Offers support, guidance & resources for life’s challenges such as: life improvement, alcohol & drug abuse, difficulties in relationships, stress & anxiety with work or family, depression, emotional well-being, grief & loss, identity theft and fraud resolution.
*n/c to employee * confidential advice * 24 hours a day 7 days a week

This is NOT all-inclusive. For detailed information, please contact Willis, CEBT.org, or Thompsonstaff.org or TSD HR Insurance Benefit Specialist, 613-5004.
Participation

**Employee Eligibility to Participate.** All full-time and part-time employees on a regular or temporary assignment with at least 50% or greater assignment for 45 days or more are eligible to participate. Medical, dental, RX and life is effective first of the month following 30 days from event date.

Example – hired on June 28 - coverage in Plan starts August 1

**Dependent Eligibility to Participate.** In addition to yourself, you may also enroll your eligible dependents for coverage. Your dependents are:

- Your legal spouse, common law spouse, civil union
- Your children, including step children, up to the age of 26

**Benefit Choices.** The district offers four medical coverage plans plus HRP which include dental and life insurance coverage. All employees may elect voluntary vision insurance. Part-time employees may select long-term disability insurance and/or one of the insurance packages and pay their portion of the premiums. It is a condition of employment for employees working a 100% assignment to enroll in one of the district’s health options which includes access to the Employee Assistance Program (EAP).

**Enrolling for Coverage.** To enroll for coverage, you must submit your enrollment forms within 30 days of when you become eligible. It is a condition of employment for employees working 100% assignment to enroll in one of the district’s health option. If after 30 days you have not enrolled in a plan you will be automatically enrolled in PPO5 plan. You and your eligible dependents are enrolled in the Employee Assistance Program (EAP) if you are in the Long-Term Disability plan.

**Open Enrollment.** Each year, you have an opportunity to change your benefits. Our open enrollment period is held in April/May for plan renewal of July 1st. During this time, you may enroll, change or drop coverage in accordance to your employment or eligibility status (i.e. FT or PT) and may enroll or change or discontinue coverage for your eligible dependents. Any changes you elect during the open enrollment period will be effective July 1 and continues through June 30 of the following year.

**Special Enrollment**

**Loss of other Coverage.** You may enroll yourself and any of your eligible dependents for medical/dental coverage if you previously declined coverage under this Plan for yourself or your dependents because you had coverage under another group health plan and your other health coverage is lost because you either exhausted a COBRA continuation period or because you are no longer eligible under the other coverage. **You must enroll and authorize any salary reduction or payroll deduction within 30 days of the marriage, birth, adoption, or any qualifying event.**

**Qualified Change in Status.** You may revoke your election and make a new election for the rest of the plan year if both the revocation and the new election are on account of and correspond with a “change in status” that affects eligibility for coverage under an employer’s plan. The following events are changes in status:

- Employment status –separation, your assignment changes from part-time to full-time (or) full-time to part-time.
- An event that changes your legal marital status, including marriage, death of spouse, divorce, legal separation, or annulment.
- An event that changes the number of your dependents, including birth, adoption, placement for adoption, or death.
- One of the following events that change your spouse’s employment status: a termination or commencement of employment or receipt of Qualified Medical Child Support Order (QMCSO).
- An event that causes your dependent to satisfy or cease to satisfy the requirements for dependent coverage due to attainment of age or any similar circumstance as provided in the Plan.
- FMLA Leave Status or COBRA Continuation.

**Termination of Coverage.** Unless your coverage is extended or continued as permitted under the Plan, your coverage will end depending on your completion of assignment and classification.