Summary of Insurance and Flexible Spending Account

The following is a highlight of benefits; in all cases, the plan document will determine benefits.

Health and dental coverage is a package – when the employee enrolls in a health plan they also receive the dental benefit.

Health/Dental Coverage

Currently, the district offers 2 health plans through CEBT/United Healthcare (UMR) and 1 health plan through CEBT/Kaiser Permanente.

The PPO 4 and PPO 5 health plans have co-payments for in-network office, lab, physical therapy and chiropractic visits. Services out of the co-payment arrangement or at out-of-network provider are subject to a calendar year deductible. Once the deductible is met, co-insurance for in-network providers is 80/20, out-of-network providers 60/40.

The Kaiser Permanente KP-DHMO1500 health plan has co-payments for in-network office, lab, physical therapy and chiropractic visits subject to a calendar year deductible. Once the deductible is met, co-insurance for in-network providers is 80/20. The member must use a contracted Kaiser Permanente provider for all care. Out of network providers are only covered if the charges are for emergency treatment. If this is not done, there is no guarantee that the charges will be covered.

Mail order prescription benefit is available on all three (3) plans.

See Medical Benefits Comparison for specific benefits in plan coverage.

Hospital Reimbursement Plan (HRP)

It is a condition of employment for full-time employees to enroll in one of the district’s health options. If you have coverage under your spouse or parent you may elect Hospital Reimbursement Plan (HRP). The purpose of the Hospital Reimbursement Plan offered by CEBT is to allow full-time employees a secondary option. This plan design allows full-time employees to file claims under other plans as primary, e.g., coverage through spouse's employer or parent. If the full-time employee elects the HRP option, they are choosing the HRP in lieu of a PPO option. The HRP option includes dental coverage. The district's dental plan is considered primary.
The HRP plan reimburses the employee up to a maximum of $1,000/day or $30,000/year for in-patient unreimbursed eligible medical expenses in hospital confinement charges not paid by the primary insurance carrier. The premium for this plan is paid by the district.

**Dental Coverage:**

Preventative and diagnostic treatment (cleaning, x-rays, routine exam) is covered at 100% of reasonable and customary charges (R&C) and the annual deductible does not apply. There is no directory of providers for the dental plan, employees may choose their own provider - coverage is based on reasonable and customary charges. Basic dental treatment (fillings, extractions, root canal) is covered at 80% of R&C after the $50 annual deductible is met. Major treatment (crowns, partials, dentures, etc.) are covered at 50% of R&C after the annual deductible is satisfied. The one-time annual deductible of $50 is either for basic or major treatment. The dental plan has an annual maximum benefit of $1,500.

**Voluntary Vision Coverage:**

The coverage is through Vision Service Plan (VSP). Employee must be working under a regular or temporary assignment and been issued a contract or notice of assignment (45 days or greater) to be eligible to enroll in VSP. Employee pays the entire cost of the monthly premium if this coverage is elected. Spouse/dependent or part-time (.50 - .99FTE) employee do not have to enroll in a health/dental plan offered by the district to carry the vision insurance. This plan basically operates on an allowance and co-pay basis. If the employee does not elect vision insurance when newly eligible, they must wait until open enrollment. Vision insurance may only be added or discontinued during the open enrollment period with an effective date of July 1. An employee discontinuing coverage on themselves and/or their dependents must wait for the first open enrollment following two (2) years from the date coverage was discontinued before re-enrollment.

**Provider Directory:** There is a provider directory for the health plans.

Participants in the PPO 4, PPO 5 and KP-DHMO1500 health plans must see a provider listed in the directory or the benefits are reduced.

There is no directory of providers for the dental plan, the employee may choose their provider - coverage is based on reasonable and customary charges.

There is a provider directory for vision coverage – contact the provider’s office to inquire if they accept VSP coverage.
For a current list of contracted health care providers, go to www.cebt.org. Click on the following links: Our Providers, Select UMR or Kaiser Permanente (Health Care Provider On-line Search).

**Flexible Spending Account (FSA):**

The plan is administered by American Fidelity, which allows all employees working a regular assignment the benefit of withholding monies from their monthly paycheck, on a pre-tax basis, for qualifying medical expenses and dependent care expenses. American Fidelity also offers a limited benefit cancer expense insurance policy, an accident only insurance policy, hospital gap plan, additional life insurance policies and a 403(b) annuity, are at an additional cost to the employee.

Employees are eligible to sign up for the FSA when they are hired or during the open enrollment period. The open enrollment for the FSA is held in March/April/May for the upcoming plan year (July 1 – June 30). Representatives from American Fidelity will conduct the open enrollment by visiting district locations in March/April/May. All employees currently enrolled in the Flex Spending Account for Medical Reimbursement and/or Dependent Care Reimbursement MUST re-enroll during the open enrollment period if they want the benefit to continue. All employees should plan to meet with the AF representative during the open enrollment period.

The plan year for the Flexible Spending Account is July 1 through June 30. If monies are not used during the plan year plus grace period (before September 30), the employee forfeits those monies.

**Life Insurance:**

The district paid life insurance/AD&D benefit is $20,000 for licensed and classified staff, and; administrative/professional/technical staff is the lesser of 1 ½ times basic yearly earnings up to a maximum benefit of $300,000. Employees at or over age 65 have a reduced benefit. Employees that elect dependent health/dental coverage also receive a life insurance benefit for their dependents, spouse = $5,000, each child (over 14 days old but less than 6 months) = $200, (6 months but less than 19 years old) = $2,000.

**Long-term Disability:**

Enrollment in the long-term disability is a one-time opportunity for new/newly eligible part-time employees unless the employee becomes full-time. The monthly premium is district paid for employees in 100% work assignments.

Part-time employees pay a portion of the monthly premium based on percentage of work assignment if they elect to enroll in the long-term disability insurance (refer to the monthly health insurance rate sheet).

If the employee is considered disabled and eligible for benefits, the employee may receive up to 66 2/3% of gross earnings, the benefit waiting period is 60 calendar days.
or full use of available paid leave, whichever is greatest. The maximum monthly benefit is $6,000: if other deductible income is received or payable, the disability benefit will be reduced by that amount. The minimum monthly LTD benefit is the greatest of, either $100 or 10% of the 66 2/3% LTD benefit.

**Short-term Disability:**

This benefit is offered through PERA. The employee must have five or more years of earned service credit in order to receive for benefits.