

Holden R-III School District

7/1/2022 – 6/30/2023 Benefits Overview



Holden R-III School District: 7/1/2022 – 6/30/2023 Benefits Overview

Below is a brief outline of your In-Network Benefits. For additional details and Out-of-Network benefits, refer to the carrier summaries.

Medical: Blue Cross Blue Shield Kansas City			
Preferred Care Blue	Plan 1: \$5,000 QHDHP (eligible for HSA)	Plan 2: \$3,500 QHDHP (eligible for HSA)	Plan 3: \$2,800 QHDHP (eligible for HSA)
Deductible [^]	\$5,000 Individual \$10,000 Family	\$3,500 Individual \$7,000 Family	\$2,800 Individual \$5,600 Family
Co-Insurance	0% after Deductible		
Preventive Care	Covered at 100%		
Office Visit: PCP & Specialist	Deductible		
Urgent Care	Deductible		
Emergency Services	Deductible		
Hospital: Inpatient or Outpatient	Deductible		
Retail Prescriptions	Deductible		
90 Day Prescriptions (Mail Order)	Deductible		
Out of Pocket Maximum [^]	\$5,000 Individual \$10,000 Family	\$3,500 Individual \$7,000 Family	\$2,800 Individual \$5,600 Family

Health Savings Account: Central Bank / HSACentral	
Annual Contribution Limits	2022
Single	\$3,650
Family	\$7,300
Catch Up Contribution (age 55+)	\$1,000

*Both employer and employee contributions accumulate towards the annual contribution limit.

Medical: Blue Cross Blue Shield Kansas City	
Preferred Care Blue	Plan 4: \$3,500 Traditional PPO (not eligible for HSA)
Deductible [^]	\$3,500 Individual \$7,000 Family
Co-Insurance	0% after Deductible
Preventive Care	Covered at 100%
Office Visit: Primary Care Physician	\$35 Copay
Office Visit: Specialist	\$70 Copay
Urgent Care	\$35 Copay
Emergency Services	\$75 Copay
Hospital: Inpatient or Outpatient	Deductible
Retail Prescriptions	
Generic	\$10 Copay
Brand	\$35 Copay
Non-Preferred	\$60 Copay
90 Day Prescriptions (Mail Order)	2.5 x Retail through Optum Rx
Out of Pocket Maximum [^]	\$3,500 Individual \$7,000 Family

[^]Deductibles and Out-of-Pocket Maximums run on a calendar year basis.

Holden R-III School District: 7/1/2022 – 6/30/2023 Benefits Overview

Dental: MetLife		
PDP Plus Network	Base Plan	Buy Up Plan
Preventive (<i>deductible waived</i>)	Covered at 100%	
Deductible^	\$50 Individual \$150 Family	
Basic Services	Covered at 50%	Covered at 80%
Major Services	Covered at 25%	Covered at 50%
Annual Benefit Maximum	\$1,250 per person	\$1,750 per person
Orthodontia Coverage (<i>children < age 19</i>)	N/A	Covered at 50%
Orthodontia Lifetime Maximum	N/A	\$1,000 per child





Late Entrant waiting periods apply.

Vision: MetLife		
VSP & MetLife PPO Network	Benefit	Frequency
Examination	\$10 Copay	Every 12 Months
Materials	\$25 Copay	Every 12 Months
Lenses: Single/ Bifocal / Trifocal	\$25 Copay	Every 12 Months
Frames	\$150 Allowance + 20% off balance	Every 24 Months
Contacts	\$150 Allowance	Every 12 Months

You may elect lenses or contacts, but not both in the same 12 months.

Life and AD&D: MetLife	
Holden R-III School District Sponsored Life	\$20,000
Holden R-III School District Sponsored AD&D	\$20,000

All Life and AD&D coverage is subject to an age reduction schedule.

Contact Information			
 MIKE KEITH INSURANCE, INC.	Contact for all Benefits Info	Phone: 660-747-3151 Fax: 660-747-8467 Martha Bennett, Account Executive mbennett@mkeithins.com Jeanie Cunningham, Consultant jcunningham@mkeithins.com	
 Kansas City	Medical Coverage	888-989-8842 www.bluekc.com	Medical: Preferred Care Blue Network
	Dental, Vision and Life Coverage	800-638-5000 www.metlife.com	Dental: PDP Plus Network Vision: MetLife + VSP Network
	Health Savings Account	833-232-4676 www.hsacentral.net	

Holden R-III School District: Insurance Rates effective 7/1/2022 – 6/30/2023

Premiums	Total Monthly	Holden R-III School District Monthly	Employee Monthly
Medical: Plan 1: \$5,000 QHDHP (eligible for HSA)			
Employee	\$700.12	\$700.12	\$0.00
Employee & Spouse	\$1,532.36	\$700.12	\$832.24
Employee & Child(ren)	\$1,323.40	\$700.12	\$623.28
Family	\$2,152.20	\$700.12	\$1,452.08
<i>Holden R-III School District is generously contributing \$83.18 per month into your HSA</i>			
Medical: Plan 2: \$3,500 QHDHP (eligible for HSA)			
Employee	\$721.78	\$721.78	\$0.00
Employee & Spouse	\$1,579.75	\$721.78	\$857.97
Employee & Child(ren)	\$1,364.33	\$721.78	\$642.55
Family	\$2,218.76	\$721.78	\$1,496.98
<i>Holden R-III School District is generously contributing \$61.52 per month into your HSA</i>			
Medical: Plan 3: \$2,800 QHDHP (eligible for HSA)			
Employee	\$802.70	\$783.30	\$19.40
Employee & Spouse	\$1,756.87	\$783.30	\$973.57
Employee & Child(ren)	\$1,517.30	\$783.30	\$734.00
Family	\$2,467.53	\$783.30	\$1,684.23
Medical: Plan 4: \$3,500 PPO (not eligible for HSA)			
Employee	\$900.77	\$783.30	\$117.47
Employee & Spouse	\$1,971.51	\$783.30	\$1,188.21
Employee & Child(ren)	\$1,702.66	\$783.30	\$919.36
Family	\$2,768.99	\$783.30	\$1,985.69
Dental: Base			
Employee	\$24.03	\$0.00	\$24.03
Employee & Spouse	\$46.15	\$0.00	\$46.15
Employee & Child(ren)	\$58.84	\$0.00	\$58.84
Family	\$85.10	\$0.00	\$85.10
Dental: Buy Up			
Employee	\$40.27	\$0.00	\$40.27
Employee & Spouse	\$75.87	\$0.00	\$75.87
Employee & Child(ren)	\$93.77	\$0.00	\$93.77
Family	\$135.44	\$0.00	\$135.44
Vision			
Employee	\$8.05	\$0.00	\$8.05
Employee & Spouse	\$14.70	\$0.00	\$14.70
Employee & Child(ren)	\$17.53	\$0.00	\$17.53
Family	\$26.06	\$0.00	\$26.06
Life coverage is paid on your behalf by Holden R-III School District. Employee portion of premium is deducted on a pre-tax basis.			

This is a brief description of your benefits. If a discrepancy exists, benefits outlined in the carrier certificate will prevail.