

Emmett School District #221

Benefits-at-a-glance:

Medical Plan Options	Option 1: Regence \$500 PPO	Option 2: Regence \$3,200 HSA
Deductible	\$500 Individual \$1,000 Family	\$3,000 Individual \$5,000 Family
Coinsurance	Plan pays 70% / You pay 30%	Plan pays 80% / You pay 20%
Out-of-Pocket Maximum	\$5,000 Individual \$10,000 Family	\$5,500 Individual \$11,000 Family
Office Visits:	NO DEDUCTIBLE Primary Care: \$30 copay Specialist: \$45 copay	Primary Care: \$15 (after deductible) Specialist: \$40 (after deductible)
Laboratory & X-Ray	No deductible up to \$400, then applied to deductible + coinsurance	Deductible + Coinsurance
Preventive Care:	Covered 100%	Covered 100%
Hospitalization/Maternity	Applied to deductible + coinsurance	Applied to deductible + coinsurance
Emergency Room	30% after \$300 copay per visit (waive if admitted)	\$300 Copay after deductible + coinsurance
Prescription Drugs	N/A	Deductible & OOP combined w/medical
Preferred Generic	\$10 (deductible waived)	\$10 (deductible waived)
Preferred Brand	25%	\$30 (after deductible)
Non-Preferred Brand	50%	\$60 (after deductible)
Specialty	N/A	\$150 (after deductible)
Monthly Employee Rates	\$500 PPO	\$3200 HSA
Employee Only	\$25.00	\$0.00
Employee + Spouse	\$757.20	\$564.60
Employee + 1 Child	\$325.20	\$207.70
Employee + Children	\$500.70	\$353.00
Family	\$987.20	\$755.10

Health Savings Account

****For Employees who elect the HSA Plan Only****

If you are enrolled on the Regence HSA plan, you will be enrolled in the Ameriflex Health Savings Account. Emmett School District will contribute \$75.00 per month to your account. These funds can be used for eligible healthcare expenses or saved.

You may also elect to contribute to your HSA account with pre-tax payroll deductions.

\$4,150/\$8,300 Annual Contribution Max (single/family)

Flexible Spending Account (FSA)

Set aside pre-tax dollars to use for qualified expenses. Funds are available on the first day of the plan year. **\$3,200 annual max.**

Dependent Care FSA

Set aside pre-tax dollars to pay for qualified dependent care expenses. Your funds are available as contributions are made. **\$5,000 annual max.**

EMPLOYEE ASSISTANCE PROGRAM (EAP)

Up to 6 FREE counseling visits for every member of your household, per issue, Consultants for legal & financial matters, Self-Directed programs to guide behavioral lifestyle changes.

Call 1-833-210-1489 or visit: www.LifeSolutionsForYou.com Use Code: **ESD**

Dental Plan Options

Delta Dental		Willamette Dental (Dental Blue Connect)	
Delta Dental PPO/Premier No Deductible Annual Benefit Maximum \$1,000 (per member) Preventative Care Plan pays 70-100% Basic Procedures Plan pays 70-100% Major Procedures Plan pays 50%		*Must go to Willamette Dental Clinic for services* Locations in Boise, Meridian & Nampa No Deductible \$15 office visit copay Preventative Care: covered 100% after copay Fillings: \$15 copay Root Canals: \$50 copay Crowns & Bridges: \$150 copay Orthodontia: \$1,500 copay	
Delta Dental Rates		Willamette Dental (DBC) Rates	
Employee Only	\$0.00	Employee Only	\$14.52
Employee + Spouse	\$43.40	Employee + Spouse	\$72.89
Employee + 1 Child	\$32.85	Employee + 1 Child	\$60.76
Employee + Children	\$66.25	Employee + Children	\$107.87
Family	\$100.70	Family	\$156.54

Vision Plan	
Ameritas/VSP \$0 Exam Copay (Every 12 Months) \$25 Materials Copay (Every 12 Months) Frames: \$150 Allowance (Every 12 Months) Contact Lenses (instead of frames): \$150 Allowance (Every 12 Months) Laser Vision Correction: 15% Discount at contracted facilities	
Vision Rates	
Employee Only	\$0.00
Employee + Spouse	\$7.86
Employee + Child(ren)	\$8.95
Family	\$18.98

Group Life Insurance	
Employer Paid Life and AD&D	Supplemental Life and AD&D
Employees are eligible for \$50,000 in Life and AD&D coverage.	Employees may purchase up to \$300,000 in additional life insurance. Guarantee Issue: \$50,000 Spouse: Up to 100% of employee election - \$20,000 GI Child(ren): Up to \$10,000 - \$10,000 GI

Voluntary Benefits	
Short Term Disability	Long Term Disability
60% of weekly gross earnings Up to \$4,000 per month Payable for up to 26 weeks Elimination Period Options: 0/7, 7/7, 0/14, 14/14, 30/30	66 & 2/3% of Monthly earnings, up to \$5,000/week 180-day elimination period Maximum benefit determined based on age at the time

AllyHealth - Telemedicine	Term Life	Critical Illness	Accident Insurance	Cancer Insurance
\$0 Copay for Medical, Pediatric or Urgent Care visits 24/7/365 access to board certified doctors for all employees and their households. Unlimited use from home, the office or on the go. Prescriptions called in to your local pharmacy with built in Rx coupons. Common Conditions Treated: Allergies, Cold & Flu, Fever, Headaches, Infections, Rashes, Sports Injuries, Sore Throat, and many more. 10 free Mental Health visits	You want what's best for your family, and that includes making sure they're prepared for the future. With term life insurance from Colonial Life & Accident Insurance Company, you can provide financial security to help them cover their ongoing living expenses.	Critical Illness plans supplement your major medical coverage. This will help pay for covered out-of-pocket expenses upon diagnosis of a specified critical illness.	Accident Insurance helps offset unexpected medical expenses that can result from a covered accidental injury.	Cancer Insurance helps offset covered out-of-pocket expenses related to cancer.