

Affiliated Administrators

APPENDIX C

Benefit Summary Sheet

Eligibility Period: None

HEALTH INSURANCE

Company: Blue Cross Community Blue PPO Plan
Telephone: 1-800-637-2227 (claims & I.D. cards)
Internet address: www.bcbsm.com
Outside of Michigan: 1-800-810-BLUE (to locate an out of state provider)
Group/Suffix: 007010262

(SEE ATTACHED SHEET FOR PLAN CHOICE 1, 2, 3, 4, 5 OR 6)

Effective: End of eligibility period
Employee Cost: Amount above hard cap set by PA 152
Open Enrollment: May to be effective September 1
(Only time to enroll or add dependents if not done at the time of the event)
Benefit Year: January – December

LIFE INSURANCE

Company: CIGNA
Group: FLX963665 Class 1
Effective: Date of hire

BENEFITS: \$50,000 Term Life
\$50,000 AD&D

DENTAL INSURANCE

Company: BCBS Blue Dental PPO (www.mibluedentist.com)
Telephone: 1-888-826-8152
Group: #71757
Open Enrollment: May to be effective September 1
(Only time to enroll or add dependents, if not done at the time of the event.)
Effective: 1st of the month after date of hire

BENEFITS: COB Suffxing
1. 100/90% without other coverage
2. 50% with other coverage
\$2,000 annual max
\$2,000 lifetime ortho max, with \$50 deductible

Benefit year: January – December

LONG TERM DISABILITY

Company: CIGNA
Group: LK62601- Class 5
Effective: 1st of the month after date of hire

BENEFITS: 90 calendar day qualifying period
66 2/3% of monthly salary, \$5,783 mo. Max

VISION INSURANCE

Company: NVA (National Vision Administrators)
Telephone: 1-800-672-7723
Group: #8662
Open Enrollment: May to be effective September 1
(One time to enroll or add dependents, if not done at the time of the event.)
Effective: 1st of the month after date of hire

<u>BENEFITS</u>	<u>IN-NETWORK</u>	<u>OUT-OF-NETWORK</u>
EXAM	Covered 100%	Up to \$48
LENSES	Standard Glass or Plastic Covered 100%	Single Vision Up to \$63 Bi-Focal Up to \$72 Tri-Focal Up to \$90 Lenticular Up to \$110
LENS OPTIONS	Progressives (Standard) 100% Progressives (Premium) 100%	N/A N/A
FRAME	Covered up to \$44 (20% off remaining balance over \$44 allowance)	Up to \$44
CONTACT LENSES	Up to \$150 Retail Allowance (15% discount (Conventional) or 10% discount (Disposable) off remaining balance over \$150)	Up to \$150
Benefit year:	January – December	

ADMINISTRATIVE SUPPLEMENT FRINGE

\$200 for Professional dues.
\$500 cash or TSA
Refer to PCA contract for additional monetary benefits

EMPLOYEE ASSISTANCE PROGRAM

Company: ULLIANCE
Telephone: 1-800-448-8326
www.lifeadvisor.com

FINANCIAL ASSISTANCE PROGRAM

Company: Your Money Line
Telephone: 1-833-890-4077
yourmoneyline.com/pccsk12

FLEXIBLE SPENDING ACCOUNT

Company: HealthEquity
Telephone: 1-866-346-5800

Plymouth Canton Community Schools

Plan Offering - AFFILIATED ADMIN

BCBS COMMUNITY BLUE PPO	Plan Choice #1		Plan Choice #2		Plan Choice #3		Plan Choice #4		Plan Choice #5		Plan Choice #6	
	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network
Deductible (Single/Family)	\$100 / \$200	\$250 / \$500	\$500 / \$1,000	\$1,000/\$2,000	\$500 / \$1,000	\$1,000/\$2,000	\$1,250/\$2,500	\$2,500/\$5,000	\$1,450/\$2,900	\$2,900/\$5,800	\$2,000/\$4,000	\$4,000/\$8,000
Office Visit / Urgent Care	\$20 copay	70% after deductible	\$20 copay	70% after deductible	\$20 copay	60% after deductible	\$30 copay	80% after deductible	\$15 Office Visit/\$40 Urgent Care	70% after deductible	\$30 Office Visit/\$60 Urgent Care	60% after deductible
Emergency Room	\$100 copay (waived if injury or if admitted)	\$100 copay (waived if injury or if admitted)	\$100 copay (waived if injury or if admitted)	\$100 copay (waived if injury or if admitted)	\$150 copay (waived if injury or if admitted)	\$150 copay (waived if injury or if admitted)	\$150 copay (waived if injury or if admitted)	\$150 copay (waived if injury or if admitted)	\$150 copay (waived if injury or if admitted)	\$150 copay (waived if injury or if admitted)	\$250 copay (waived if injury or if admitted)	\$250 copay (waived if injury or if admitted)
Preventive Care	100% (not subject to deductible)	Not Covered	100% (not subject to deductible)	Not Covered	100% (not subject to deductible)	Not Covered	100% (not subject to deductible)	Not Covered	100% (not subject to deductible)	Not Covered	100% (not subject to deductible)	Not Covered
Coinsurance	90% after deductible	70% after deductible	90% after deductible	70% after deductible	80% after deductible	60% after deductible	100% after deductible	80% after deductible	90% after deductible	70% after deductible	80% after deductible	60% after deductible
Coinsurance Maximum (Single/Family) Not Including	\$500/\$1,000	\$1,500/\$3,000	\$1,000/\$2,000	\$2,000/\$4,000	\$1,500/\$3,000	\$3,000/\$6,000	N/A	\$3,000/\$6,000	\$1,000/\$2,000	\$2,000/\$4,000	\$1,500/\$3,000	\$3,000/\$6,000
Prescription Drugs	\$10 Generic \$40 Brand \$40 Non Preferred Brand (Mail Order x 2)	75% of approved amount; plus copays	\$10 Generic \$40 Brand \$40 Non Preferred Brand (Mail Order x 2)	75% of approved amount; plus copays	\$10 Generic \$40 Brand \$40 Non Preferred Brand (Mail Order x 2)	75% of approved amount; plus copays	\$10 Generic \$40 Brand \$40 Non Preferred Brand (Mail Order x 2)	75% of approved amount; plus copays	\$10 Generic \$40 Brand \$40 Non Preferred Brand (Mail Order x 2)	75% of approved amount; plus copays	\$15 Generic \$50 Brand 50% (\$30 min/\$100 max) Non Preferred Brand (Mail Order x 2)	75% of approved amount; plus copays
Out-of-Pocket Maximum In-Network includes applicable deductibles, coinsurance and copays. Out-of-Network excludes copays	\$6,350 per member/\$12,700 for 2 or more members per calendar year	\$12,700 per member/\$25,400 for 2 or more members per calendar year	\$6,350 per member/\$12,700 for 2 or more members per calendar year	\$12,700 per member/\$25,400 for 2 or more members per calendar year	\$6,350 per member/\$12,700 for 2 or more members per calendar year	\$12,700 per member/\$25,400 for 2 or more members per calendar year	\$6,350 per member/\$12,700 for 2 or more members per calendar year	\$12,700 per member/\$25,400 for 2 or more members per calendar year	\$6,350 per member/\$12,700 for 2 or more members per calendar year	\$12,700 per member/\$25,400 for 2 or more members per calendar year	\$6,350 per member/\$12,700 for 2 or more members per calendar year	\$12,700 per member/\$25,400 for 2 or more members per calendar year