

## Appendix A

# Administrative Assistants

### *Benefit Summary Sheet*

Eligibility Period: 90 calendar days for health/90 working days all other benefits

## HEALTH INSURANCE

**Company:** Blue Cross Blue Shield  
**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 1, 2, 3, 4, 5, 6, HSA 1 or HSA 2)**

**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 3  
**Effective:** End of eligibility period

Benefit: \$25,000 Term Life

## 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 eligibility period

Benefit:  
**COB Sufficing**  
1. 80/80/80 without other coverage  
2. 50/50/50 with other coverage  
\$1,500 annual max (effective 1/1/2025), \$1000 life time ortho max (effective 1/1/2025)  
**Benefit year:** January – December

## LONG TERM DISABILITY

**Company:** CIGNA  
**Group:** LK62601- Class 4  
**Effective:** 1st of the month after eligibility period

Benefit: 90 calendar day qualifying period  
66 2/3% of monthly salary, \$1600 mo. max

## VISION INSURANCE

Company: NVA (National Vision Administrators)  
Telephone: 1-800-672-7723  
Group: 8662  
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

#### EXAM

#### IN-NETWORK

Covered 100%

#### OUT-OF-NETWORK

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

## FLEXIBLE SPENDING ACCOUNT

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

## FINANCIAL ASSISTANCE PROGRAM

Company: Your Money Line  
Telephone: 1-833-890-4077  
[yourmoneyline.com/pccsk12](http://yourmoneyline.com/pccsk12)

## EMPLOYEE ASSISTANCE PROGRAM

Company: ULLIANCE  
Telephone: 1-800-448-8326  
[www.lifeadvisor.com](http://www.lifeadvisor.com)

## Plymouth Canton Community Schools Plan Offering - CLERICAL

BCBS COMMUNITY BLUE PPO	Plan Choice #1		Plan Choice #2		Plan Choice #3		Plan Choice #4		Plan Choice #5	
	<i>In-Network</i>	<i>Out-of-Network</i>	<i>In-Network</i>	<i>Out-of-Network</i>	<i>In-Network</i>	<i>Out-of-Network</i>	<i>In-Network</i>	<i>Out-of-Network</i>	<i>In-Network</i>	<i>Out-of-Network</i>
<b>Deductible (Single/Family)</b>	\$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
<b>Office Visit / Urgent Care</b>	\$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
<b>Emergency Room</b>	\$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)
<b>Preventive Care</b>	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
<b>Coinsurance</b>	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
<b>Coinsurance Maximum (Single/Family) Not Including Deductible</b>	\$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
<b>Prescription Drugs</b>	\$10 Generic /\$40 Brand Copay (Mail Order x 2)	75% of approved amount; plus copays	\$10 Generic /\$40 Brand Copay (Mail Order x 2)	75% of approved amount; plus copays	\$10 Generic /\$40 Brand Copay (Mail Order x 2)	75% of approved amount; plus copays	\$10 Generic /\$40 Brand Copay (Mail Order x 2)	75% of approved amount; plus copays	\$10 Generic /\$40 Brand Copay (Mail Order x 2)	75% of approved amount; plus copays
<b>Out-of-Pocket Maximum</b>	\$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
<small>In-Network includes applicable deductibles, coinsurance and copays. Out-of-Network excludes copays</small>										