

PLYMOUTH-CANTON

Community • Schools

APPENDIX A

Security Officers

Benefit Summary Sheet

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

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

Benefits:

(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 7
Effective: End of eligibility period

Benefit: \$50,000 Term Life (Effective 10-1-11)

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 completion of eligibility period

Benefit:

COB Sufficing
1. 80% without other coverage

Benefit year: 2. 50% with other coverage
\$1,500 annual max, \$1000 life time ortho max
January – December

LONG TERM DISABILITY

Company: CIGNA
Group: LK62601 – Class 3
Effective: 1st of the month after completion of eligibility period

Benefit: 90 calendar day qualifying period
66 2/3% of monthly salary, 2500 mo. Max (Effective 10-1-11)

VISION INSURANCE

Company: NVA (National Vision Administrators)
Telephone: 1-800-672-7723
Group: 8662000201
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

BENEFITS

IN-NETWORK

OUT-OF-NETWORK

EXAM	Covered 100%	Up to \$75
LENSES	Standard Glass or Plastic Covered 100%	Single Vision Up to \$100 Bi-Focal Up to \$100 Tri-Focal Up to \$125 Lenticular Up to \$125
LENS OPTIONS	Progressives (Standard) 100% Progressives (Premium) 100%	N/A N/A
FRAME	Covered up to \$75 (20% discount off remaining balance over \$75 allowance)	Up to \$75
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

EMPLOYEE ASSISTANCE PROGRAM

Company: CIGNA
Telephone: 1-800-538-3543
www.cignabehavioral.com/CGI

FLEXIBLE SPENDING ACCOUNT

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

***NOTE:** All insurance claim forms are available in the School office and in the Employee Benefit office.

Dawn Schaller
Employee Benefits Supervisor
(734) 416-4834

Plymouth Canton Community Schools

Plan Offering - SECURITY GUARD

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)	\$250/\$500	\$500/\$1,000	\$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	\$30 copay	70% after deductible	\$30 copay	70% after deductible	\$30 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 Deductible	\$250/\$500	\$1500/\$3,000	\$1,000/\$2,000	\$2,000/\$4,000	\$1500/\$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% (\$70 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