

APPENDIX A – BENEFIT SUMMARY SHEET

Eligibility Period: None

HEALTH INSURANCE

Company: Blue Cross Blue Shield PPO & Blue Care Network HMO
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 CHOICES)

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

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

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

LONG TERM DISABILITY

Company: CIGNA
Group: LK62601- Class 12
Effective: 1st of the month after date of hire

BENEFITS:
90 calendar day qualifying period
66 2/3% of monthly salary, \$7,000 mo. max

FLEXIBLE SPENDING ACCOUNT

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

ADMINISTRATIVE SUPPLEMENTAL FRINGE

\$200 for Professional dues.
\$500 cash or TSA

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

BENEFITS

	<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

EMPLOYEE ASSISTANCE PROGRAM

Company: ULLIANCE
Telephone: 1-8005-448-8326

FINANCIAL ASSISTANCE PROGRAM

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