

## APPENDIX B

# PLYMOUTH-CANTON

## Community • Schools

### LICENSED TECHNICIANS

#### *Benefit Summary Sheet*

Eligibility Period: 90 calendar days for health/6 months 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

**(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 13  
**Effective:** End of eligibility period

Benefit: \$50,000 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 completion of eligibility period

Benefit:  
**COB Sufficing** 1. 80% without other coverage  
2. 50% with other coverage  
\$1,000 annual max, \$1500 life time ortho max  
**Benefit year:** January – December

## LONG TERM DISABILITY

Company: CIGNA  
 Group: LK62601 - Class 6  
 Effective: 1st of the month after completion of eligibility period

Benefit: 30 calendar day qualifying period  
 66 2/3% of monthly salary, \$2500 mo. max

## VISION INSURANCE

Company: NVA (National Vision Administrators)  
 Telephone: # 8662  
 Group: 1-800-672-7723  
 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 \$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: 1-800-448-8326  
[www.lifeadvisor.com](http://www.lifeadvisor.com)

## FLEXIBLE SPENDING ACCOUNT

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

# Plymouth Canton Community Schools

## Plan Offering - LICENSED TECH

BCBS COMMUNITY BLUE PPO	Plan Choice #1		Plan Choice #2		Plan Choice #3		Plan Choice #4		Plan Choice #5		Plan Choice #6	
Plan Design	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	80% 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	\$30 copay (waived if injury or if admitted)	\$30 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	100% after deductible	80% 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	None	\$1,000/\$2,000	\$1,000/\$2,000	\$2,000/\$4,000	\$1,000/\$2,000	\$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	\$15 Generic \$30 Brand \$30 Non Preferred Brand (Mail Order x 1)	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 \$60 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