

APPENDIX A

PARAPROFESSIONALS

Benefit Summary Sheet

Eligibility Period: 90 calendar days for health/60 working days for 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: 007010262

Benefits:

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

Employee Cost: Amount above hard cap set by PA 152
Effective: End of eligibility period
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
Eligibility: 30 hrs. + per week

LIFE INSURANCE

Company: CIGNA
Group: FLX963665 Class 9 & 10
Effective: End of eligibility period

Benefit:

\$15,000 Term Life (30 or more hours per week)
\$7,500 Term Life (under 30 hrs per week)

DENTAL INSURANCE

Company: BCBS Blue Dental PPO (www.mibluedentist.com)
Telephone: 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
\$1,500 annual max, \$800 life time ortho max
Benefit year: January - December
Eligibility: Over 30 hours per week full family

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

EXAM
LENSES

IN-NETWORK

Covered 100%
Standard Glass or Plastic Covered 100%

OUT-OF-NETWORK

Up to \$75
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%

FRAME

Covered up to \$75 (20% discount off remaining balance over \$75 allowance)

N/A
N/A
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
Eligibility: Over 30 hours per week, full family

LONG TERM DISABILITY

Company: CIGNA
 Group: LK62601- Class 9
 Effective: 1st of the month after completion of eligibility period
 Eligibility: Over 20 hours per week.

BENEFITS:

90 calendar day qualifying period
66 2/3% of monthly salary, \$1,000 mo. Max

EMPLOYEE ASSISTANCE PROGRAM

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

FLEXIBLE SPENDING ACCOUNT

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

VOLUNTARY SHORT TERM DISABILITY

Company: AFLAC
 Telephone: 1-734-927-0980

Premiums are paid through payroll deduction

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

Plymouth Canton Community Schools

Plan Offering - PARAPROS

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	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	\$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	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% (\$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