

**Salina Public Schools
2022-2023 Health Insurance
Blue Cross & Blue Shield “Blue Choice”**

Medical Benefits:

| | <u>Primary</u> |
|---|----------------|
| <u>ROUTINE OFFICE VISIT CO-PAY</u> (includes up to \$300 in lab/x-ray services) | \$30 |
| Annual ROUTINE Vision Exam | \$30 |
| <u>Deductible</u> | |
| Individual | \$2,000 |
| Family | \$4,000 |
| <u>PHYSICIAN/HOSPITAL CO-PAY</u> (other than a routine office visit) | 50/50 |
| <u>COINSURANCE MAXIMUM</u> | |
| Each plan year (10/1-9/30), BCBS will pay 50% of covered services until your out of pocket expense reaches: | |
| Individual | \$2,000 |
| Family | \$4,000 |

Prescription Benefits:

| <u>CO-PAY</u> | <u>In-Network</u> |
|----------------------------|-------------------|
| Generic (34 day supply) | \$*10 or *20% |
| Brand Name (34 day supply) | \$*25 or *20% |

*Whichever cost is greater.

Monthly Premiums

| <u>Health</u> | <u>Single</u> | <u>Family</u> |
|----------------------------------|----------------|-----------------|
| Gross Monthly Premium: | \$605.00 | \$1305.00 |
| USD #305 Contribution: | - \$520.00 | - \$520.00 |
| Employee Monthly Premium: | \$85.00 | \$785.00 |

Dental Benefits

PREVENTATIVE BENEFITS

(exams, x-rays, cleanings, etc./ 2 per yr)

Paid at 100%

DEDUCTIBLE FOR PRIMARY AND MAJOR DENTAL:

\$25/Single \$75/Family

CO-PAY FOR PRIMARY AND MAJOR DENTAL:

Primary Dental (fillings, root canals, etc.)

80/20 after deductible

Major Dental (crowns, bridges, dentures, etc.)

50/50 after deductible

ANNUAL MAXIMUM PAID per person per benefit period for dental services:

\$1,000

*There is **no** Orthodontia Coverage*

DENTAL PREMIUMS

Individual:

\$40.00

Family:

\$84.00

Enrollment Guidelines

HEALTH INSURANCE COVERAGE BEGINS:

- For New Employees (Initial Opportunity):
1st of the month following 30 days of employment
Example: Hire date is 8/4/22 + 30 days = 9/3/22 (coverage begins 10/1/22)
- For Existing Employees (Open Enrollment):
October 1, 2022 (Must enroll **prior** to September 1, 2022)