

## Benefit Overview Clerical/Secretarial

This benefit overview is for Full-time Clerical/Secretarial Employees. The district provides eligible employees and/or families with medical, prescription, and dental coverage at a bi-weekly employee payroll contribution of - Single \$20, Family \$30. 10-month employees will pay a bi-weekly contribution for 20 pays - Single \$23.64, Family \$35.45

Medical / Capital BlueCross PPO			
Deductible:	\$500/\$1,000		
Co-pays:	Office Visit	\$15	
	Specialist	\$30	
	Urgent Care	\$50	
	Emergency Room	\$100	
	Please review benefit summary for detailed information.		
Prescription / Express Scripts			
Deductible:	None		
Retail Co-pays: (30-day supply)	Generic	\$10	
	Formulary	\$40	
	Non-Formulary	\$75	
Mail-order Co-pays: (90-day supply)	Generic	\$20	
	Formulary	\$80	
	Non-Formulary	\$150	
The mail order benefit option is required for maintenance medications.			
Dental / Delta Dental			
Deductible:	None		
Annual Maximum			\$2,000
Diagnostic & Preventive Exams, cleanings, x-rays, sealants			100%
Basic Services Fillings, posterior composites, denture repair			100%
Endodontic (root canals)			100%
Periodontics (gum treatment)			100%
Oral Surgery			100%
Major Services (Crowns, inlays, onlays and cast restorations)			100%
Prosthodontics (Bridges, dentures, implants)			50%
Orthodontics			No coverage
Life Insurance		Employee Assistance Program (EAP)	
\$45,000		Short Term Counseling	
Vision Discount Plan			
Exam:		Limited to once in 12 months; \$38 in PA, \$50 All other States	
Contact Evaluation and Lenses:		20% Off Retail (Conventional & Disposable)	
Frames:		30% Off Retail	
Eyeglass Lenses:		Single \$36, Bifocal \$48, Trifocal \$58, Aphakic/Lenticular \$70	
Sick Leave (Accrued Monthly)		Personal Day	Emergency Day
12 month	12	3 days	2 days to be deducted from sick leave
10 month	10	3 days	2 days to be deducted from sick leave
Vacation Days		Income Protection	
Years of Service	Earned Vacation Days		After exhaustion of sick days. Employee is entitled to, with documentation from treating physician, a maximum benefit of \$450.00/weekly for year one and \$500.00/weekly for year two and year three.
(Based on Fiscal Year)	12-month		
After 10 months	11		
After 5 years	13		
After 8 years	16		
After 10 years	18		
After 13 years	20		

**PLEASE REVIEW YOUR EMPLOYEE CONTRACT FOR DETAILED INFORMATION.**